

loose documents



County of San Diego

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Maternal, Child and Family Health Services
Public Health Laboratory
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TB & STD Control
Vital Records

November 9, 2005

Bonnie Sinz, RN
Chief, EMS Systems Division
Emergency Medical Services Authority
1930 9th Street, Suite 100
Sacramento, CA 95814-7043

Dear Ms. Sinz:

Please accept the enclosed annual update to the County of San Diego Emergency Medical Services Plan for fiscal years 2003/2005. We have also included a CD ROM that contains the Emergency Medical Services (EMS) Policy and Procedure Manual that took effect July 1, 2005, as many of the policies are referenced in the updated plan. We look forward to the review by your staff and welcome any suggestions you may have.

If you have any questions or concerns regarding this update, please contact me at (619) 285-6429 or Marcy Metz, Assistant Director at (619) 285-6546.

Sincerely,

CARMEL ANGELO, Interim Director
Emergency Medical Services

CA/MM/bb
Enclosures

*Bonnie***EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9th STREET
SACRAMENTO, CA 95814-7043
(916) 322-4336 FAX (916) 324-2875



July 24, 2006

Carmel Angelo, EMS Administrator
San Diego EMS Agency
1700 Pacific Hwy., Rm. 312
San Diego, CA 92101

Dear Ms. Angelo:

A question has been directed to the EMS Authority regarding the status of ALS ambulance service to the California Department of Corrections and Rehabilitation facility located in Grossmont Hospital District #2 (rural). The purpose of this letter is to clarify the conditions of exclusive operating areas.

The current provider in this exclusive operating area is American Medical Response (AMR), which was selected through a competitive bid process to provide ALS emergency ambulance services. As long as AMR holds the exclusive contract, under Health and Safety Code section 1797.85, other providers are restricted from providing services in this zone.

The exclusivity for the selected provider could be jeopardized if it does not provide the contracted services. If the exclusivity of the zone is invalidated, the local EMS agency (and by extension, the provider) would no longer receive protection under state action immunity for anti-competitive practices under Health and Safety Code section 1797.6. To regain the exclusive status of this zone in the future, another competitive bid process would need to be conducted.

In addition, Health and Safety Code section 1797.206, states that "the local EMS agency shall be responsible for implementation of advanced life support systems and limited advanced life support systems..." Consequently, the local EMS agency cannot withdraw these services from the community. If the EMS agency decides to discontinue AMR's services, it must ensure that another ALS provider serves that zone.

If you have any other questions regarding the ambulance zone, please contact Chris Graillat, EMS Transportation and Planning Coordinator, at (916) 322-4336, ext. 415.

Sincerely,

A handwritten signature in cursive script that reads "Cesar A. Aristeiguieta, M.D.".

Cesar A. Aristeiguieta, M.D.
Director

Cc: David Hale, California Department of Corrections and Rehabilitation
Bruce Haynes, M.D., Medical Director, San Diego EMS Agency

Bonnie Sinz

From: Chris Graillat
Sent: Thursday, March 30, 2006 5:35 PM
To: Bonnie Sinz
Subject: FW: EMS Questions

FYI, here's my reply to CDCR.

Chris Graillat
 EMS Transportation and Planning Coordinator
 Emergency Medical Services Authority
 (916) 322-4336, ext. 415

-----Original Message-----

From: Chris Graillat
Sent: Thursday, March 30, 2006 3:24 PM
To: 'Hale, David'
Subject: RE: EMS Questions

David: I've approached this issue from a couple of perspectives

1. Is the county legally mandated to ensure advanced life support (ALS) service is provided?

A: Yes, Health and Safety Code, Section 1797.206: The local EMS agency shall be responsible for implementation of advanced life support systems and limited advanced life support systems and for the monitoring of training programs.

2. If a more distance provider services the prison than the one currently providing services (AMR), would that violate a legal mandate or county policy to have the closest ambulance respond to a call (e.g., whether for time or distance)?

A: The Code or Regulations and the Health and Safety Code do not stipulate whether the closest provider must be used for patient transport or whether a response must be made in a specified time frame. San Diego EMS Agency's policies state the following:

- o Section P-804 "Alternate EMT-Paramedic Service Provider Application/Designation" states: The responsibility of the contractor is to meet a community standard for response times: 10 minutes or less (urban) and 15 minutes or less (rural).
- o Section 801 "Designation of Providers of ALS service" gives the following planned response times: rural area response time: maximum ground ALS within 30 minutes 90 percent of the time.

If the prison is considered to be in a rural area, than the 30-minute response time would prevail. However, regarding using the closest unit, Policy No. P 105 "Advanced Life Support First Responder Unit" states that the closest/most appropriate available ALS transporting unit shall be dispatched simultaneously with the first responder unit if the response meets established criteria for dispatch of an ALS unit.

3. Is the prison in an exclusive operating area (EOA) which is served by a selected provider? If so, would another provider be in violation of the EOA if it served the prison?

A: The prison is located in the EOA, Grossmont Hospital District 2. The exclusive provider selected by competitive bid is AMR. If a different provider is dispatched to the prison, that would violate the terms of the EOA.

4. Because the prison is part of a state agency, would the local agency still have jurisdiction over ambulance service?

A: TBD.

5. Would the charges for prisoner transports (215 percent over Medicare rates) violate state or local ordinances or local policies?

A: TBD.

6. Does the prison have a clinic and would this affect whether a transport from the prison is considered an interfacility transport or an ordinary ALS transport?

A: Unknown. However, Policy No. S-008 "Interfacility Transfers Level of Care" states that EMT-P 9-1-1 personnel may be used to transport patients only as a last resort when alternative forms of transportation are unavailable, or when the delay in obtaining alternative transport would pose an imminent threat to the patient's health and safety. In that case, dispatching a more distant provider would not violate San Diego's policy.

Chris Graillat
EMS Transportation and Planning Coordinator
Emergency Medical Services Authority
(916) 322-4336, ext. 415

-----Original Message-----

From: Hale, David [mailto:David.Hale@cdcr.ca.gov]
Sent: Thursday, March 30, 2006 8:18 AM
To: Chris Graillat
Subject: RE: EMS Questions

Chris,

I was just checking in to see if you have anything to tell me yet.

Specifically, can the San Diego County EMS refuse to dispatch an ALS ambulance which they contracted with and is near our facility? This negotiation with them is taking a great deal of time and we (the department) are being threatened with refusal of service if we do not sign the contract that I was telling you about.

Anything you can provide would be useful.

Thanks,

David Hale
Staff Services Manager I
Community Provider Network Program

Phone: 916-327-1683
Fax: 916-322-7090

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legally privileged information. It is solely for the use of the intended recipient(s). Unauthorized interception, review, use or disclosure is prohibited and may violate applicable laws including the Electronic Communications Privacy Act. If you are not the intended recipient, please contact the sender and destroy all copies of the communication.

-----Original Message-----

From: Hale, David
Sent: Monday, March 27, 2006 12:39 PM
To: 'Chris.Graillat@emsa.ca.gov'
Subject: EMS Questions

Hello Chris,

I know we have spoken before, I am having a significant issue with the San Diego County EMS and I need some guidance on rules and regulations. Could you give me a call?

David Hale
Staff Services Manager I
Community Provider Network Program

Phone: 916-327-1683
Fax: 916-322-7090

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Staff Services Manager I
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Executive Summary



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Health and Human Services Agency

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Public Health Services

Carmel Angelo, Interim Director
Emergency Medical Services

COUNTY OF SAN DIEGO

**EMERGENCY MEDICAL
SERVICES PLAN**

Fiscal Year 2003/2005

**COUNTY OF SAN DIEGO
EMERGENCY MEDICAL SERVICES PLAN
FY 2003/2005**

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LIST OF ACRONYMS

ACLS	Advanced Cardiac Life Support
ALS	Advanced Life Support
ARES	Amateur Radio Emergency System
BLS	Basic Life Support
CISD	Critical Incident Stress Debriefing
CCP	Casualty Collection Point
CCT	Critical Care Transport
CPR	Cardiopulmonary Resuscitation
CSA	County Service Area
DMAT	Disaster Medical Assistance Team
DMS	Disaster Medical Services
DNR	Do Not Resuscitate
EDAP	Emergency Department Approved for Pediatrics
EMCC	Emergency Medical Care Committee
EMD	Emergency Medical Dispatch
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EMSC	Emergency Services for Children
EMT-I	Emergency Medical Technician I
EMT-D	Emergency Medical Technician Defibrillation
EMT-P	Emergency Medical Technician Paramedic

LIST OF ACRONYMS
(continued)

EOA	Exclusive Operating Area
FTS	Field Treatment Site
FY	Fiscal Year (July 1 through June 30)
H&SC	Health and Safety Code
HAZ MAT	Hazardous Materials
HEICS	Hospital Emergency Incident Command System
HHSA	Health and Human Services Agency
ICS	Incident Command System
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LEMSA	Local Emergency Medical Services Agency
MCI	Mass Casualty Incident
MEDMARS	Medical/Health Mutual Aid Radio System
MHz	Megahertz
MICN	Mobile Intensive Care Nurse
OES	Office of Emergency Services
OTS	Office of Traffic Safety
PICU	Pediatric Intensive Care Unit
PS	Public Safety
PSAP	Public Safety Answering Point

LIST OF ACRONYMS
(continued)

QA	Quality Assurance
QCS	(QA Net) Collector System
QI	Quality Improvement
RACES	Radio Amateur Civil Emergency Service
RCS	Regional Communication System
RDMHC	Regional Disaster Medical/Health Coordinator
SART	Sexual Assault Response Team
SCC	Sheriff's Communication Center
SEMS	Standardized Emergency Management System

SECTION 1
EXECUTIVE SUMMARY

**COUNTY OF SAN DIEGO
EMERGENCY MEDICAL SERVICES (EMS) PLAN
EXECUTIVE SUMMARY**

Health and Safety Code, Division 2.5, Section 1797.254, requires the local Emergency Medical Services Agency (LEMSA) to annually submit an emergency medical services plan to the State Emergency Medical Services Authority (EMSA). These requirements include the submission of a Base Plan every five years, with annual updates. The Plan is intended to be used as both a work plan and a long-range plan. San Diego County submitted its Base Plan in December 1998 utilizing the most current data from fiscal years 1996-1997. Three updates to the Plan have subsequently been submitted for fiscal year 1998-99, 1999-2000 and 2000-2003. This Plan combines the subsequent updates which provide data through fiscal years 2003-2005. The next Plan to be submitted will be a new Base Plan. Work plans are submitted providing updated information on the status of the system and the EMS agency's progress in meeting its long-range plans.

The San Diego County EMS System serves a diverse population of approximately 3 million people, and has a variety of special populations living in urban, rural, mountain and desert areas. San Diego also shares a sixty mile-long border with Mexico. The LEMSA currently has designated 22 ground ALS provider jurisdictions, 10 ALS first responder agencies and one Air Medical transport service to provide advanced life support services to the majority of San Diego County. These jurisdictions include cities, fire districts, a hospital district, a water district, three Indian tribes and two county Service Areas. Seven base hospitals provide medical direction to the field responders. Patient care is kept at the forefront while balancing the needs of the system participants.

The LEMSA has identified the following areas for particular focus:

- **Written Agreements** - Written agreements are in place for base and trauma hospitals, jurisdictional Advanced Life Support (ALS) Exclusive Operating Areas and EMS air ambulances and rescue aircraft providers. Plans for inter-facility ALS transfer agreements continue to be pursued by the San Diego County Ambulance Association. In the areas of disaster medical response, local mutual assistance agreements between healthcare providers and County (relevant departments) that describe expectations and roles for disaster preparedness and response need to be developed.
- **Communications** – A regional comprehensive communications plan needs to be developed to interface radio communications between the counties in Region VI and with Orange and Los Angeles counties. The LEMSA, acting in cooperation with the Regional Disaster Medical Health Coordinator (RDMHC) committee, will determine possible methods of interfacing. Additionally, working with local system participants, the County of San Diego will continue to explore alternative communication systems to enhance capabilities, especially in disaster situations. These remain long-term goals.

- **Disaster Medical Response** - The LEMSA has fully implemented the SEMS system into the County's response to disasters. All of the primary care hospitals in the County utilize the Hospital Emergency Incident Command System. Regular drills involving the hospitals and prehospital system occur several times per year. The County of San Diego has a fully operational Metropolitan Medical Strike Team (MMST) to respond to chemical, radiological, nuclear and explosive acts of terrorism. The MMST is one component of a fully integrated Metropolitan Medical Response System with the LEMSA as the lead agency. Many additional plans and systems, using grants received from the Centers for Disease Control and the Health Resources and Services Administration are being implemented since the events of September 11, 2001. Planning continues.

- **Medical Dispatch** – The public safety answering points (PSAPs) within the local EMS system are maintained by local safety agencies and not directly by the LEMSA. The LEMSA Medical Director reviews all aspects of medical dispatching to ensure medical appropriateness within the San Diego County system. Establishment of standardized guidelines has been identified as a long-term goal.

- **Data Collection/System Evaluation** – The prehospital and resource status data collection system Quality Assurance Network Collector System (QCS) was updated and expanded enabling system-wide Quality Assurance/Quality Improvement (QA/QI) program implementation in a real time environment. The expanded QA/QI function allows flexible, real time collection of additional prehospital and hospital data to effectively evaluate issues of concern. The new QCS system has the ability to be coupled with portable electronic data entry devices. The primary focus in the coming year will be to migrate all system participants to the computerized system, via portable electronic technology, which in turn will facilitate the system-wide QA/QI and real time data collection and evaluation.

- **Public Education** – The LEMSA has developed an extensive data surveillance and analysis unit, staffed by epidemiologists, that generates injury and emergency medical information for the public, policy makers, other agencies and hospitals. This unit produces fact sheets, presentations and posters for public and professional education. This unit has developed web-based analysis tools and models for other LEMSAs. This unit is responsible for the collection and reporting of prehospital, emergency department, trauma center and medical examiner data, providing a full spectrum injury and emergency medical data. In the coming year, the unit will expand to include the Community Health Statistics Unit of Public Health Services and will assume primary responsibility for the California Health Interview Survey and other survey tools which will provide information on risk behaviors and use of protective equipment/devises, adding another layer to their injury surveillance activities.

The EMS system in San Diego County is extremely effective in providing for rapid, safe, and effective emergency medical care. A substantial body of public policy has been developed with respect to emergency care and prevention. An ongoing collaborative process is in place that allows the system to evolve using public input and sound scientific methods. With continuous education, commitment and the mutual cooperation of the entire EMS community, the local EMS agency is able to successfully fulfill its responsibility as the lead agency in planning, implementing, and evaluating the emergency medical services system in San Diego County.

SECTION 2
ASSESSMENT OF SYSTEM

TABLE 1

TABLE 1
Summary of System Status

TABLE 1: SUMMARY OF SYSTEM STATUS
A. System Organization And Management

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X	X		

Planning Activities

1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning*		X	X		
1.08 ALS Planning*		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X			
1.11 System Participants		X	X		

Regulatory Activities

1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/ Policies		X			

System Finances

1.16 Funding Mechanism		X			
------------------------	--	---	--	--	--

*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table.

A. System Organization And Management (continued)

Medical Direction	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.17 Medical Direction*		X			
1.18 QA/QI		X	X		
1.19 Policies/Procedures/Protocols		X			
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Inter-facility Transfer		X			X

Enhanced Level: Advanced Life Support

1.24 ALS Systems		X	X		
1.25 On-Line Medical Direction		X	X		

Enhanced Level: Trauma Care System

1.26 Trauma System Plan		X			
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Enhanced Level: Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan		X			
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Enhanced Level: Exclusive Operating Areas

1.28 EOA Plan		X			
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*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table.

B. Staffing/Training

Local EMS Agency	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.01 Assessment of Needs		X			
2.02 Approval of Training		X			
2.03 Personnel		X			

Dispatchers

2.04 Dispatch Training		N/A			
------------------------	--	-----	--	--	--

First Responders (non-transporting)

2.05 First Responder Training		X	X		
2.06 Response		X			
2.07 Medical Control		X			

Transporting Personnel

2.08 EMT-I Training		X	X		
---------------------	--	---	---	--	--

Hospital

2.09 CPR Training		X			
2.10 Advanced Life Support		X	X		

Enhanced Level: Advanced Life Support

2.11 Accreditation Process		X			
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X			

C. Communications

Communications Equipment	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01 Communication Plan*		X			X
3.02 Radios		X			X
3.03 Inter-facility Transfer*		X			X
3.04 Dispatch Center		X			
3.05 Hospitals		X	X		
3.06 MCI/Disasters		X			

Public Access

3.07 9-1-1 Planning/Coordination		X			
3.08 9-1-1 Public Education		X			X

Resource Management

3.09 Dispatch Triage		N/A			X
3.10 Integrated Dispatch		X			

*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table.

D. Response/Transportation

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.01 Service Area Boundaries*		X			
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time Standards*		X			
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft*		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability*		X			
4.11 Specialty Vehicles*		X			
4.12 Disaster Response		X			
4.13 Inter-county Response*		X	X		
4.14 Incident Command System		X			
4.15 MCI Plans		X			

Enhanced Level: Advanced Life Support

4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X			

*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table.

D. Response/Transportation (continued)

Enhanced Level: Ambulance Regulation	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.18 Compliance		X			

Enhanced Level: Exclusive Operating Permits

4.19 Transportation Plan		X			
4.20 "Grandfathering"		X			
4.21 Compliance		X			
4.22 Evaluation		X			

E. Facilities/Critical Care

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
5.01 Assessment of Capabilities		X	X		
5.02 Triage & Transfer Protocols*		X			
5.03 Transfer Guidelines*		X			
5.04 Specialty Care Facilities*		X			
5.05 Mass Casualty Management		X	X		
5.06 Hospital Evacuation*		X			

Enhanced Level: Advanced Life Support

5.07 Base Hospital Designation*		X			
--	--	---	--	--	--

Enhanced Level: Trauma Care System

5.08 Trauma System Design		X			
5.09 Public Input		X			

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10 Pediatric System Design		X			
5.11 Emergency Depts		X			X
5.12 Public Input		N/A			

Enhanced Level: Other Specialty Care Systems

5.13 Specialty System Design		N/A			
5.14 Public Input		N/A			

*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table.

F. Data Collection/System Evaluation

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
6.01 QA/QI Program		X	X		
6.02 Prehospital Records		X			
6.03 Prehospital Care Audits		X	X		
6.04 Medical Dispatch		X			
6.05 Data Management System*		X	X		
6.06 System Design Evaluation		X			
6.07 Provider Participation		X			
6.08 Reporting		X			

Enhanced Level: Advanced Life Support

6.09 ALS Audit		X	X		
----------------	--	---	---	--	--

Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X	X		

*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table.

G. Public Information And Education

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
7.01 Public Information Materials		X	X		
7.02 Injury Control		X	X		
7.03 Disaster Preparedness		X	X		
7.04 First Aid & CPR Training		X			

H. Disaster Medical Response

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01 Disaster Medical Planning*		X			
8.02 Response Plans*		X	X		
8.03 Haz Mat Training		X			
8.04 Incident Command System*		X	X		
8.05 Distribution of Casualties*		X	X		
8.06 Needs Assessment		X	X		
8.07 Disaster Communications*		X			
8.08 Inventory of Resources*		X	X		
8.09 DMAT*		X	X		
8.10 Mutual Aid Agreements*		X			
8.11 CCP Designation*		X		X	X
8.12 Establishment of CCPs		X			
8.13 Disaster Medical Training		X	X		
8.14 Hospital Plans*		X	X		
8.15 Inter-hospital Communications*		X			
8.16 Prehospital Agency Plans		X	X		X

*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table

H. Disaster Medical Response (continued)

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meets minimum Standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.17 ALS Policies*		X			

Enhanced Level: Specialty Care Systems

8.18 Specialty Center Roles		X			
------------------------------------	--	---	--	--	--

Enhanced Level: Exclusive Operating Areas/Ambulance Regulations

8.19 Waiving Exclusivity		X			
---------------------------------	--	---	--	--	--

*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table.

TABLES 2-11

SECTION 3
SYSTEM RESOURCES AND OPERATIONS

TABLE 2
System Organization and Management

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

EMS System: San Diego County County: San Diego Reporting Year: FY 2003-05

- 1. Percentage of population served by each level of care by county:**
 (Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)
- | | |
|---|------------|
| a. Basic Life Support (BLS) | <u>5%</u> |
| b. Limited Advanced Life Support (LALS) | <u>0%</u> |
| c. Advanced Life Support (ALS) | <u>95%</u> |
- 2. Type of agency:** B
- a. Public Health Department
 - b. County Health Services Agency
 - c. Other (non-health) County Department
 - d. Joint Powers Agency
 - e. Private Non-Profit Entity
 - f. Other:
- 3. The person responsible for day-to-day activities of EMS agency reports to:** B
- a. Public Health Officer
 - b. Health Services Agency Director/Administrator
 - c. Board of Directors
 - d. Other:
- 4. Indicate the non-required functions that are performed by the agency:**
- | | |
|---|----------|
| Implementation of exclusive operating areas (ambulance franchising) | <u>X</u> |
| Designation of trauma centers/trauma care system planning | <u>X</u> |
| Designation/approval of pediatric facilities | |
| Designation of other critical care centers | |
| Development of transfer agreements | <u>X</u> |
| Enforcement of local ambulance ordinance | <u>X</u> |
| Enforcement of ambulance service contracts | <u>X</u> |
| Operation of ambulance service | |
| Continuing education | |
| Personnel training | |
| Operation of oversight of EMS dispatch center | |
| Non-medical disaster planning | |
| Administration of critical incident stress debriefing (CISD) team | <u>X</u> |
| Administration of disaster medical assistance team (DMAT) | <u>X</u> |
| Administration of EMS Fund [Senate Bill (SB) 12/612] | <u>X</u> |
| Other: Crash Injury Research and Engineering Network (CIREN) | <u>X</u> |

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (continued)
EMS System: San Diego County County: San Diego Reporting Year: FY 2003-04

5. EMS agency budget for FY: 2003-04

A. EXPENSES:

Salaries and benefits (all but contract personnel)	\$ 2,375,356
Contract Services (e.g., medical director)	1,927,558
Operations (e.g., copying, postage, facilities)	1,734,350
Travel	26,612
Indirect expense (overhead)	285,042
Ambulance subsidy	974,334
EMS Fund payments to physicians/hospital	2,337,326
Dispatch center operations (non-staff)	0
Other: Ambulance Districts (CSA 17-\$1,672,793, CSA 69-\$2,627,127)	<u>4,299,920</u>
TOTAL EXPENSES	<u>\$13,960,498</u>

B. SOURCES OF REVENUE:

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	0
Office of Traffic Safety (OTS)	\$480,000
State General Fund	415,925
County General Fund	805,756
Local tax funds (e.g., EMS district)	4,299,920
County Contracts (e.g. multi-county agencies)	211,575
Certification fees	28,155
Training Program Approval Fees	0
Training program tuition/Average daily attendance funds (ADA)	0
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital application fees	0
Trauma center application fees	0
Trauma center designation fees	240,000
Pediatric facility approval fees	0
Pediatric facility designation fees	0

Other critical care center application fees		0
Type:		
Other critical care designation fees		200,000
Type: Base Hospital Designation		
Ambulance Service/vehicle fee		65,000
Contributions		0
Other fees:	State Aid, Health Realignment, VLF	1,918,878
	State Aid, Tobacco Settlement	765,000
	Recovered Expenditures	130,000
	Miscellaneous (MAA)	195,000
	Auditors Adjustments	365,000
EMS fund (SB12/612)		3,840,289
Other grants:	NHTSA – CIREN:GM	0
	SDSU Foundation – Safe Communities	0
	CA Dept of Corrections	0
	EMSC Grant	0
	Corrections Corporation of America	0
	Elderly Suicide Prevention	0
TOTAL REVENUE		<u>\$13,960,498</u>

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (continued)
EMS System: San Diego County County: San Diego Reporting Year: FY 2004-05

5. EMS agency budget for FY: 2004-05

A. EXPENSES:

Salaries and benefits (all but contract personnel)	\$ 1,820,431
Contract Services (e.g., medical director)	3,238,968
Operations (e.g., copying, postage, facilities)	1,038,901
Travel	9,964
Indirect expense (overhead)	205,709
Ambulance subsidy	524,334
EMS Fund payments to physicians/hospital	2,337,326
Dispatch center operations (non-staff)	0
Other: Ambulance Districts (CSA 17-\$1,966,432, CSA 69-\$3,125,796)	<u>5,092,228</u>
TOTAL EXPENSES	<u>\$14,267,861</u>

B. SOURCES OF REVENUE:

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	0
Office of Traffic Safety (OTS)	\$560,590
State General Fund	330,925
County General Fund	626,560
Local tax funds (e.g., EMS district)	5,092,228
County Contracts (e.g. multi-county agencies)	176,611
Certification fees	36,050
Training Program Approval Fees	0
Training program tuition/Average daily attendance funds (ADA)	0
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital application fees	0
Trauma center application fees	0
Trauma center designation fees	240,000
Pediatric facility approval fees	0

Pediatric facility designation fees		0
Other critical care center application fees		0
Type:		
Other critical care designation fees		187,500
Type: Base Hospital Designation		
Ambulance Service/vehicle fee		78,917
Contributions		0
Other fees:	State Aid, Health Realignment, VLF	1,862,811
	State Aid, Tobacco Settlement	737,734
	Recovered Expenditures	119,045
	Miscellaneous (MAA)	13,635
	Auditors Adjustments	364,966
EMS fund (SB12/612)		3,840,289
Other grants:	NHTSA – CIREN:GM	0
	SDSU Foundation – Safe Communities	0
	CA Dept of Corrections	0
	EMSC Grant	0
	Corrections Corporation of America	0
	Elderly Suicide Prevention	0
TOTAL REVENUE		<u>\$14,267,861</u>

TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)
EMS System: San Diego County County: San Diego Reporting Year: FY 2003-05

6. Fee structure for FY: 2003-05

We do not charge any fees.

Our fee structure is:

First responder certification	\$ 0
EMS dispatcher certification	0
EMT-I certification	17
EMT-I recertification	17
EMT-defibrillation certification	17
EMT-defibrillation recertification	0
EMT-II certification	0
EMT-II recertification	0
EMT-P accreditation	17
Mobile Intensive Care Nurse/Authorized Registered Nurse (MICN/ARN) certification	17
MICN/ARN recertification	17
EMT-I training program approval	0
EMT-II training program approval	0
EMT-P training program approval	0
MICN/ARN training program approval	0
Base hospital application	0
Base hospital designation	25,000
Trauma center application	0
Trauma center designation	40,000

TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)
EMS System: San Diego County County: San Diego Reporting Year: FY 2003-05

6. Fee structure for FY: 2003-05 (continued)

Pediatric facility approval		\$	0
Pediatric facility designation			0
Other critical care center application			0
Other critical care center designation			0
Ambulance service license: Ground	(Initial)		2,000
	(Renewal)		1,000
Ambulance service license: Air			
Primary Response Rotocraft:	(Initial)		15,000
	(Renewal)		7,500
Interfacility Rotocraft:	(Initial)		2,000
	(Renewal)		1,000
Ambulance vehicle permits: Ground	(BLS)		250
	(ALS/CCT)		375
Ambulance vehicle permits: Air			
Rotocraft			500

**7. Complete the table on the following four pages for the EMS agency staff for:
Fiscal Year 2003-05**

TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003-04

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Administrator/ Coordinator/Director	Chief EMS	1	38.89	49.5%	
Assistant Administrator Administrative Assistant Administrative Manager	Administrative Assistant II Administrative Assistant III Principal Administrative Analyst	1 2 1	26.60 29.35 33.14	49.5% 49.5% 49.5%	
ALS Coordinator Field Coordinator Training Coordinator	QA Specialist EMS Specialist QASPEC	1 1 1	33.90 29.26 25.70	49.5% 49.5% 49.5%	
Program Coordinator Field Liaison (nonclinical)	NA EMS Specialist	1	29.26	49.5%	
Trauma Coordinator	Coordinator, EMS	1	35.67	49.5%	
Medical Director	Consulting Physician	.5	100.00	49.5%	
Other MD Medical Consultant Training Medical Director	NA NA NA				
Disaster Medical Planner	Coordinator, EMS	1	35.67	49.5%	

TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003-04

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor	NA				
Data Evaluator Analyst	H.S. Project Coordinator Biostatistician Senior Epidemiologist	1 2 1	43.00 28.67 37.77	49.5% 49.5% 49.5%	
QA/QI Coordinator	Quality Assurance Specialist	4	33.90	49.5%	
Public Information and Education Coordinator	NA				
Executive Secretary	Administrative Secretary II	1	16.83	49.5%	
Other Clerical	Board Secretary Senior Clerk	1 1	18.81 15.82	49.5%	
Data Entry Clerk	Student Workers	4	12.00	10%	
Other	Various	9	Varies	10%	

Include an organizational chart of the local EMS agency and a county organizational chart(s) indicating how the LEMSA fits within the county/multi-county structure.

(SEE PAGE 16)

TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2004-05

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Administrator/ Coordinator/Director	Chief EMS	1	40.12	57.5%	
Assistant Administrator Administrative Assistant Administrative Manager	Administrative Analyst II Administrative Analyst III Principal Administrative Analyst	1 2 1	27.44 30.27 34.18	57.5% 57.5% 57.5%	
ALS Coordinator Field Coordinator Training Coordinator	QA Specialist EMS Specialist QASPEC	1 1 0	34.97 30.18 25.70	57.5% 57.5% 57.5%	
Program Coordinator Field Liaison (nonclinical)	NA EMS Specialist	1	30.18	57.5%	
Trauma Coordinator	Coordinator, EMS	1	36.79	57.5%	
Medical Director	Consulting Physician	.5	80.00	3%	
Other MD Medical Consultant Training Medical Director	NA NA NA				
Disaster Medical Planner	Coordinator, EMS	1	36.79	57.5%	

TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2004-05

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor	NA				
Data Evaluator Analyst	H.S. Project Coordinator	1	34.13	57.5%	
	Biostatistician	1	29.57	57.5%	
	Senior Epidemiologist	1	38.96	57.5%	
	Epidemiologist	1	35.42		
QA/QI Coordinator	Quality Assurance Specialist	4	34.97	57.5%	
Public Information and Education Coordinator	NA				
Executive Secretary	Administrative Secretary II	1	17.36	57.5%	
Other Clerical	Board Secretary	1	19.40	57.5%	
	Senior Clerk	1	16.32		
Data Entry Clerk	Contract Workers (Part-time)	3	12.00	0%	
Other	Various Contract Workers	10	Varies	Varies	

Include an organizational chart of the local EMS agency and a county organizational chart(s) indicating how the LEMSA fits within the county/multi-county structure.

(SEE PAGE 16)

TABLE 3
Personnel and Training

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training
EMS System: San Diego County **County: San Diego**

Reporting Year: FY 2003-05

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	1764	0		145	0
Number newly certified this year	928	0		145	0
Number recertified this year	836	0		145	0
Total number of accredited personnel on July 1 of the reporting year			804		
Number of certification reviews resulting in:					
a) formal investigations	2	0	1	3	0
b) probation	1	0	0	3	0
c) suspensions	0	0	0	0	0
d) revocations	0	0	0	0	0
e) denials	0	0	0	0	0
f) denials of renewal	0	0	0	0	0
g) no action taken	1	0	1	0	0

1. Number of EMS dispatchers trained to EMSA standards: **N/A**
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified
 - b) Number of public safety (defib) certified (non-EMT-I)
3. Do you have a first responder training program? **NO**



TABLE 4
Communications

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications
EMS System: San Diego County County: San Diego Reporting Year: FY 2003-05

1. Number of primary Public Service Answering Points (PSAPs)	14
2. Number of secondary PSAPs	9
3. Number of dispatch centers directly dispatching ambulances	15
4. Number of designated dispatch centers for EMS Aircraft	1
5. Do you have an operational area disaster communication system?	YES
a. Radio primary frequency	800 MHz
b. Other methods	
c. Can all medical response units communicate on the same disaster communications system?	YES
d. Do you participate in OASIS?	NO
e. Do you have a plan to utilize RACES as a back-up communication system?	YES
1) Within the operational area?	YES
2) Between the operational area and the region and/or state?	YES
6. Who is your primary dispatch agency for day-to-day emergencies?	
<u>We have multiple agencies; no central point of dispatch. We utilize individual dispatch agencies.</u>	
7. Who is your primary dispatch agency for a disaster?	
<u>We have multiple agencies.</u>	

TABLE 5
Response and Transportation

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response & Transportation
 EMS System: San Diego County County: San Diego Reporting Year: FY 2003-05**

TRANSPORTING AGENCIES

1. Number of exclusive operating areas		22
2. Percentage of population covered by Exclusive Operating Areas (EOA)		95%
3. Total number of responses		248,096
a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	184,965
b) Number of non-emergency responses	(Code 1: normal)	52,709
4. Total number of transports		214,153
a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	155,519
b) Number of non-emergency transports	(Code 1: normal)	52,405

EARLY DEFIBRILLATION PROVIDERS

Reporting Year: FY 2003-05

5. Number of public safety defibrillation providers	(Included in EMT-D below)	
6. Number of EMT-Defibrillation providers		
a) Automated		46
b) Manual		0

AIR AMBULANCE SERVICES

Reporting Year: FY 2003-05

7. Total number of responses		1,515
a) Number of emergency responses		1,450
b) Number of non-emergency responses		65
8. Total number of transports		1,237
a) Number of emergency (scene) transports		1,192
b) Number of non-emergency transports		45

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response and Transportation (continued)
EMS System: San Diego County **County: San Diego** **Reporting Year: FY 2003-05**

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder	not collected	not collected	not collected	not collected
2. Early defibrillation responder	not collected	not collected	not collected	not collected
3. Advanced life support responder (ALS-Ground)	11.5 minutes	30.00 minutes	24.00 minutes	12.00 minutes
4. Transport Ambulance (BLS)	33.00 minutes	35.00 minutes	25.00 minutes	33.00 minutes
5. ALS Responder (Air)	21.5 minutes	34.00 minutes	36.00 minutes	26.5 minutes

NOTE: Response times were calculated using 12 months of available 2003/2005 data projected to an annual basis.

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response and Transportation (continued)
EMS System: San Diego County County: San Diego Reporting Year: FY 2004-2005

[**CORRECTED BASE PLAN YEAR DATA****]**

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder	not collected	not collected	not collected	not collected
2. Early defibrillation responder	not collected	not collected	not collected	not collected
3. Advanced life support responder (ALS- Ground)	11.5 minutes	30.00 minutes	24.00 minutes	12.00 minutes
4. Transport Ambulance (BLS)	33.00 minutes	35.00 minutes	25.00 minutes	33.00 minutes
5. ALS Responder (Air)	21.5 minutes	34.00 minutes	36.00 minutes	26.5 minutes

PLEASE NOTE: RESPONSE TIMES BASED ON MOST CURRENT AVAILABLE DATA.

TABLE 6
Facilities and Critical Care

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS - Facilities & Critical Care
EMS System: San Diego County County: San Diego Reporting Year: FY 2003-04**

TRAUMA:

Trauma patients:	
a) Number of patients meeting prehospital or trauma center internal trauma triage criteria	9,894
b) Number of major trauma victims* transported directly to a trauma center by ambulance	4,341
c) Number of major trauma patients* transferred to a trauma center	1,190
d) Number of patients meeting triage criteria who weren't treated at a trauma center	**NA

EMERGENCY DEPARTMENTS:

Total number of emergency departments	20
a) Number of referral emergency services	0
b) Number of standby emergency services	1
c) Number of basic emergency services	18
d) Number of comprehensive emergency services	1

RECEIVING HOSPITALS:

1. Number of receiving hospitals with written agreements	0
2. Number of base hospitals with written agreements	7

*Major trauma patient numbers for FY 03-04 reflect only those patients meeting the criteria for inclusion in the trauma registry.

**Mistriaged patients are transferred to trauma centers when identified at non-designated facilities.

TABLE 7
Disaster Medical

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS - Disaster Medical
 EMS System: San Diego County County: San Diego Reporting Year: FY 2003-05**

SYSTEM RESOURCES:

1. **Field Treatment Sites (FTS)**
 - a. Where are your FTS located? Not predesignated
 - b. How are they staffed? DMATs, MRC, Public Health Nurses
 - c. Do you have a supply system for supporting them for 72 hours? YES
2. **CISD**
 - a. Do you have a CISD provider with 24 hour capability? YES
3. **Medical Response Team**
 - a. Do you have any team medical response capability? YES
 - b. For each team, are they incorporated into your local response plan? YES
 - c. Are they available for statewide response? YES
 - d. Are they part of a formal out-of-state response system? YES
4. **Hazardous Materials**
 - a. Do you have any HazMat trained medical response teams? YES
 - b. At what HazMat level are they trained? Level A
 HazMat Technician
 Specialist, Industrial
 Hygienist
 - c. Do you have the ability to do decontamination in an emergency room? YES
 - d. Do you have the ability to do decontamination in the field? YES

SECTION 4
RESOURCE DIRECTORIES

TABLE 8
Providers

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

AMERICAN MEDICAL RESPONSE-- SAN DIEGO 8808 BALBOA AVENUE, #150 SAN DIEGO, CA 92123 Phone: (858) 492-8111			Primary Contact: MIKE MURPHY, DIRECTOR OF OPERATIONS		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>123</u> EMT-D _____ LALS <u>101</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 59

AMERICARE AMBULANCE 1924 COMMERCIAL STREET, SUITE B ESCONDIDO, CA 92029 Phone: (760) 781-3895			Primary Contact: MARK EWING		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>22</u> EMT-D _____ LALS _____ ALS <u>3</u> MICN
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 9

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

BALBOA AMBULANCE INCORPORATED P.O. BOX 34577 SAN DIEGO, CA 92163 <p style="text-align: right;">Phone: (619) 295-1942</p>			Primary Contact: Geoff Cogle, OPERATIONS MANAGER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>45</u> EMT-D _____ LALS _____ ALS <u>5</u> MICN
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 11

CARE MEDICAL TRANSPORTATION 9770 CANDIDA STREET SAN DIEGO, CA 92126 <p style="text-align: right;">Phone: (858) 653-4520</p>			Primary Contact: Dan Graham, V.P. OPERATIONS		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>66</u> EMT-D _____ LALS _____ ALS <u>4</u> MICN
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 26

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

MERCY MEDICAL TRANSPORT, INC. 2537 OLD SAN PASQUAL ROAD ESCONDIDO, CA 92027 <p style="text-align: right;">Phone: (760) 739-8026</p>			Primary Contact: RICK ROESCH		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 9 </u> EMT-D _____ LALS <u> 9 </u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 5 (2-backup)

MEDFLEET AMBULANCE 3479 KURTZ STREET SAN DIEGO, CA 92110 <p style="text-align: right;">Phone: (619) 222-2244</p>			Primary Contact: GREG GIBSON		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 15 </u> EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 5

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

NATIONAL STEEL AND SHIPBUILDING COMPANY 2798 HARBOR DRIVE SAN DIEGO, CA 92113 Phone: (619) 544-8889			Primary Contact: ROGER WESSELY		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>17</u> EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Ambulances: 1

PACIFIC AMBULANCE 3944 MURPHY CANYON ROAD, C-106 SAN DIEGO, CA 92123 Phone: (619) 544-8889			Primary Contact: ALOHI REIGER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>34</u> EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 9

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

PRIORITY ONE MEDICAL TRANSPORT 202 GREENFIELD, SUITE A EL CAJON, CA 92020 <p style="text-align: right;">Phone: (800) 600-3370 X4477</p>			Primary Contact: MICHAEL PARKER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>30</u> EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 8

SAN ONOFRE FIRE DEPARTMENT 14300 MESA ROAD SAN CLEMENTE, CA 92672 <p style="text-align: right;">Phone: (949) 368-6649</p>			Primary Contact: BERT PENNINGTON, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>21</u> EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Fire)	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 1

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

SCHAEFER AMBULANCE SERVICE 7257 UNIVERSITY AVENUE LA MESA, CA 91941 Phone: (619) 583-0454			Primary Contact: JANE HALL, REGIONAL MANAGER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>27</u> EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 5

STAR AMBULANCE 4400 PALM AVENUE, SUITE C LA MESA, CA 91941 Phone: (619) 469-7827			Primary Contact: LARRY MCEWEN		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>38</u> EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 8

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

WEST SHORE AMBULANCE SERVICE, INC. 83 DESERT SHORE DRIVE DESERT SHORE, CA 92274 Phone: (760) 395-6800			Primary Contact: MARCIA MCKINNEY, OFFICE MANAGER		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 3 </u> EMT-D <u> 3 </u> LALS <u> 5 </u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 3

TABLE 8: RESOURCES DIRECTORY -- Providers/Private, Air
EMS System: San Diego County **County: San Diego**

Reporting Year: FY 2003/2005

MERCY AIR AMBULANCE 9745 PROSPECT AVE., STE. 204 SANTEE, CA 92071 <p style="text-align: right;">Phone: (619) 448-3457</p>			Primary Contact: PAMELA STEEN		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS <u> 24 </u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 3 (Air ambulance)

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

ALPINE FIRE PROTECTION DISTRICT 1834 ALPINE BOULEVARD ALPINE, CA 91901 Phone: (619) 445-2635			Primary Contact: BRIAN BOZZELRIC, DIVISION CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>9</u> EMT-D _____ LALS <u>4</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

BARONA FIRE DEPARTMENT 1112 BARONA ROAD LAKESIDE, CA 92040 Phone: (619) 390-2794			Primary Contact: DOUGLAS A. MORIARTY		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS <u>28</u> PS-Defib _____ BLS _____ EMT-D _____ LALS <u>6</u> ALS
Ownership: <input checked="" type="checkbox"/> Public (Fire) <input checked="" type="checkbox"/> Private (Transport)	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 4

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

BONITA-SUNNYSIDE FIRE PROTECTION DISTRICT 4900 BONITA ROAD BONITA, CA 91902-1725 Phone: (619) 479-2346			Primary Contact: SCOTT WALKER, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 6 </u> EMT-D _____ LALS <u> 6 </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

BORREGO SPRINGS FIRE PROTECTION DISTRICT 2324 STIRRUP ROAD BORREGO SPRINGS, CA 92004-0898 Phone: (760) 767-5436			Primary Contact: GARY ADAMS, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u> 1 </u> BLS <u> 4 </u> EMT-D _____ LALS <u> 8 </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 3 (15-20 reserve EMT volunteers)

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

BOULEVARD VOLUNTEER FIRE & RESCUE DEPARTMENT (CSA-109) 33923 Highway 94 BOULEVARD, CA 91905 Phone: (619) 766-4144 Temporarily (3 mo.): (619) 766-4980			Primary Contact: MARY SCHOEPFER, CHAIRMAN OF BOARD OF DIRECTORS		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>14</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

CALIFORNIA DEPARTMENT OF FORESTRY 2249 JAMACHA ROAD EL CAJON, CA 92020-4517 Phone: (619) 590-3100			Primary Contact: CHARLES MANER, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>300</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

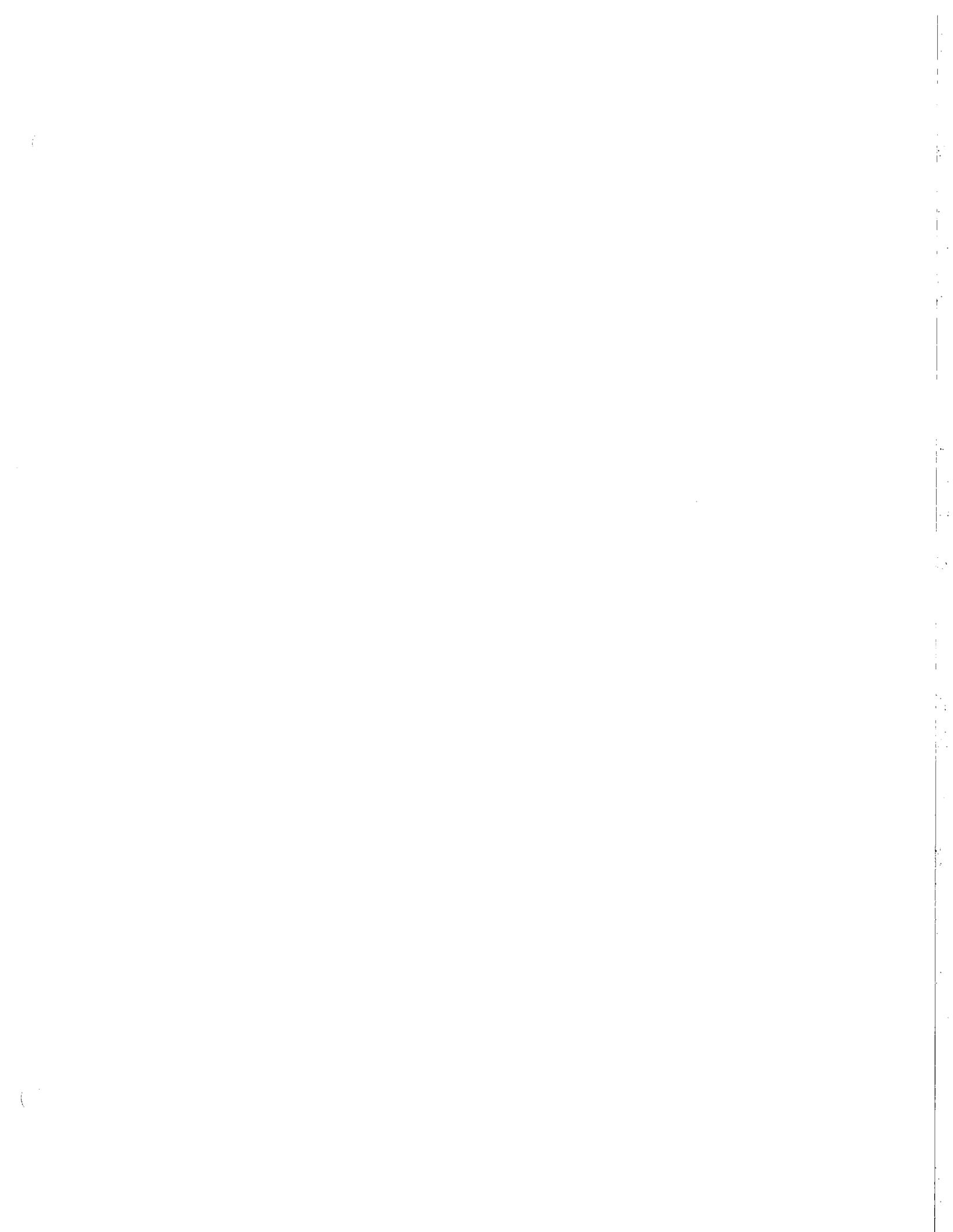
EMS System: San Diego County

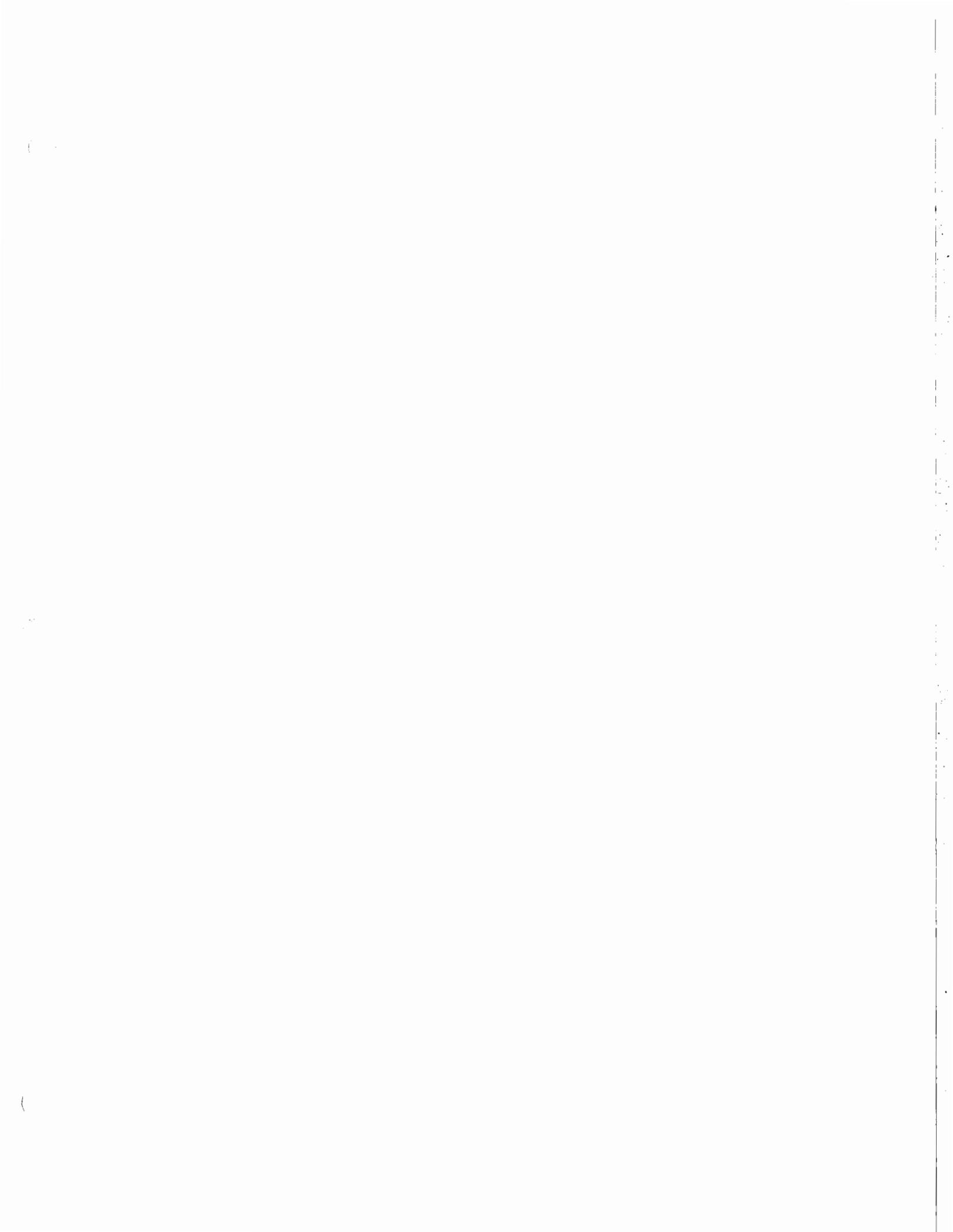
County: San Diego

Reporting Year: FY 2003/2005

CAMPO RESERVATION FIRE 36210 CHURCH ROAD CAMPO, CA 91906 <p style="text-align: right;">Phone: (619) 478-2371</p>			Primary Contact: STEVEN M. CUERO, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>12</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

CARLSBAD FIRE DEPARTMENT 2560 ORION WAY CARLSBAD, CA 92008 <p style="text-align: right;">Phone: (760) 931-2141</p>			Primary Contact: KEVIN CRAWFORD, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>24</u> EMT-D _____ LALS <u>46</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2 ALS Engine Companies: 6





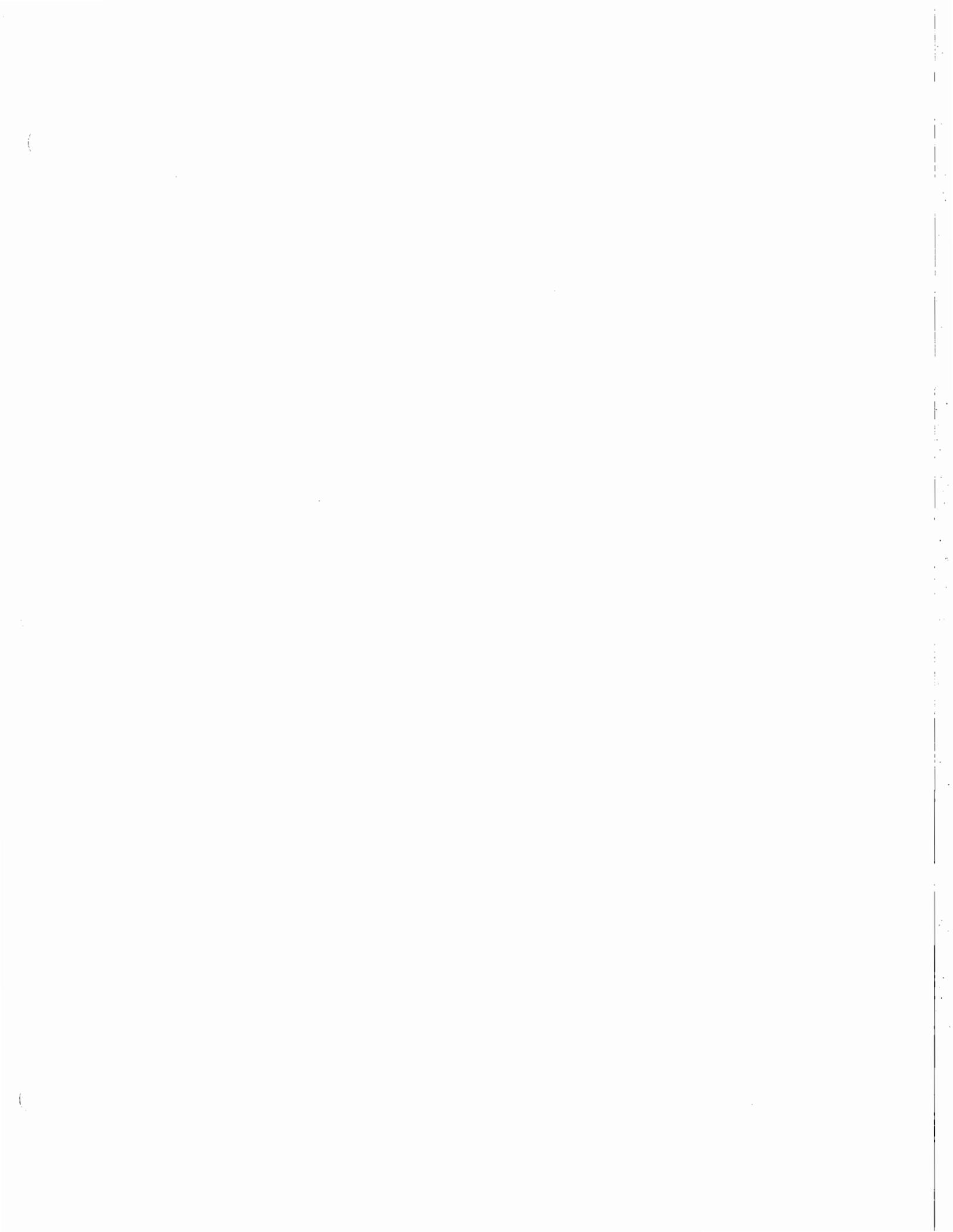


TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

CHULA VISTA FIRE DEPARTMENT 447 F STREET CHULA VISTA, CA 91910 <p style="text-align: right;">Phone: (619) 691-5055</p>			Primary Contact: DOUGLAS A. PERRY, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>109</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0 Contract with AMR for transport services.

CITY OF CORONADO 1001 6TH STREET CORONADO, CA 92118 <p style="text-align: right;">Phone: (619) 522-7374</p>			Primary Contact: KIM RADDATZ, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>15</u> EMT-D _____ LALS <u>11</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

DEER SPRINGS FIRE PROTECTION DISTRICT 8709 CIRCLE R DRIVE ESCONDIDO, CA 92026 <p style="text-align: right;">Phone: (760) 749-8001</p>			Primary Contact: RICH BOLTON, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 8 </u> EMT-D _____ LALS <u> 4 </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

DEL MAR FIRE DEPARTMENT 2200 JIMMY DURANTE BOULEVARD DEL MAR, CA 92014-2216 <p style="text-align: right;">Phone: (858) 755-1522</p>			Primary Contact: DAVID OTT, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 12 </u> EMT-D _____ LALS <u> 4 </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0 ALS Engine Co. 1

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

EAST COUNTY FIRE PROTECTION DISTRICT 1811 SUNCREST BLVD. EL CAJON, CA 92021-4246 Phone: (619) 579-6034			Primary Contact: DARRELL JOBES, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>35</u> EMT-D _____ LALS <u>6</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0 ALS Engine Companies- 2

EL CAJON FIRE DEPARTMENT 100 EAST LEXINGTON EL CAJON, CA 92020-4517 Phone: (619) 441-1612			Primary Contact: MIKE SCOTT, CHIEF PHIL SNOW, EMS COORDINATOR		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>11</u> EMT-D _____ LALS <u>33</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 3 ALS Engine

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

ELFIN FOREST/HARMONY GROVE FIRE DEPARTMENT INC. 20223 ELFIN FOREST ROAD ELFIN FOREST, CA 92029 Phone: (760) 744-2186			Primary Contact: FRANK TWOHY, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS <u>15</u> PS-Defib _____ BLS <u>24</u> EMT-D _____ LALS <u>0</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 1

ENCINITAS FIRE DEPARTMENT 505 SOUTH VULCAN AVENUE ENCINITAS, CA 92024-3633 Phone: (760) 633-2800			Primary Contact: DON HEISER, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>26</u> EMT-D _____ LALS <u>21</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 1 CSA#17

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

ESCONDIDO FIRE DEPARTMENT 201 NORTH BROADWAY ESCONDIDO, CA 92025-2762 <p style="text-align: right;">Phone: (760) 839-5400</p>			Primary Contact: VIC REED, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>12</u> EMT-D _____ LALS <u>42</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 6 2 ALS, 2 BLS, 1 Reserve

IMPERIAL BEACH FIRE DEPARTMENT 865 IMPERIAL BEACH BOULEVARD IMPERIAL BEACH, CA 91932-2795 <p style="text-align: right;">Phone: (619) 423-8223</p>			Primary Contact: PAUL SMITH, DEPUTY CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>7</u> EMT-D _____ LALS <u>5</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

INTERMOUNTAIN VOLUNTEER FIRE DEPARTMENT 1672 MAIN STREET, SUITE E RAMONA, CA 92065 <p style="text-align: right;">Phone: (760) 789-3710</p>			Primary Contact: GARY COLEMAN, FIRE CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>20</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

JULIAN-CUYAMACA FIRE PROTECTION DISTRICT 2645 FARMER ROAD JULIAN, CA 92036-0033 <p style="text-align: right;">Phone: (760) 765-1510</p>			Primary Contact: KEVIN DUBLER, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>17</u> EMT-D _____ LALS <u>10</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

LAKESIDE FIRE PROTECTION DISTRICT 12365 PARKSIDE STREET LAKESIDE, CA 92040 <p style="text-align: right;">Phone: (619) 390-2350</p>			Primary Contact: ANDY PARR, DIVISION CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>31</u> EMT-D _____ LALS <u>32</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 3

LA MESA FIRE DEPARTMENT 8054 ALLISON AVENUE LA MESA, CA 91941-5001 <p style="text-align: right;">Phone: (619) 667-1355</p>			Primary Contact: DAVE BURKE, FIRE CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>49</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

LEMON GROVE FIRE DEPARTMENT 7853 CENTRAL AVENUE LEMON GROVE, CA 91945 <p style="text-align: right;">Phone: (619) 825-3835</p>			Primary Contact: JOHN TORCHIA, DIVISION CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 6 </u> EMT-D _____ LALS <u> 6 </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

MT. LAGUNA VOLUNTEER FIRE DEPARTMENT, INC. 10385 SUNRISE HIGHWAY MT. LAGUNA, CA 91948 <p style="text-align: right;">Phone: (619) 473-8143</p>			Primary Contact: DENNIS SHERMAN, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 25 </u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

NATIONAL CITY FIRE DEPARTMENT 333 EAST 16TH STREET NATIONAL CITY, CA 91950-4596 Phone: (619) 336-4551			Primary Contact: RODERICK GUNIEL, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>36</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

NORTH COUNTY FIRE PROTECTION DISTRICT 315 EAST IVY FALLBROOK, CA 92028-2198 Phone: (760) 723-2005			Primary Contact: WILLIAM METCALF, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>44</u> EMT-D _____ LALS <u>31</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 6

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

OCEANSIDE FIRE DEPARTMENT 300 NORTH COAST HIGHWAY OCEANSIDE, CA 92054 <p style="text-align: right;">Phone: (760) 435-4100</p>			Primary Contact: ROB DUNHAM, FIRE CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>38</u> EMT-D _____ LALS <u>60</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 4

OCOTILLO WELLS FIRE PROTECTION DISTRICT 5841 SR-78 Borrego Springs, CA 92004 <p style="text-align: right;">Phone: (760) 767-7430</p>			Primary Contact: CHARLES GANN, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input checked="" type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>4</u> PS _____ PS-Defib _____ BLS <u>7</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

PALA FIRE BATTALION 11800 PALA MISSION ROAD PALA, CA 92059-0043 Phone: (760) 742-1632			Primary Contact: ANTHONY RAVAGO, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input checked="" type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>30</u> EMT-D _____ LALS <u>1</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 1 Contracted with North County Fire

PALOMAR MOUNTAIN CSA 110 21610 CRESTLINE ROAD PALOMAR MOUNTAIN, CA 92060 Phone: (760) 742-3701			Primary Contact: JAY ACHERMAN, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS <u>9</u> PS-Defib _____ BLS <u>15</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

PINE VALLEY FIRE PROTECTION DISTRICT 28850 OLDE HIGHWAY 80 PINE VALLEY, CA 91962 <p style="text-align: right;">Phone: (619) 473-8445</p>			Primary Contact: BOB URIBE, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>25</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

POWAY FIRE DEPARTMENT 13050 COMMUNITY ROAD POWAY, CA 92064-5702 <p style="text-align: right;">Phone: (858) 668-4461/4466</p>			Primary Contact: MARK SANCHEZ, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>8</u> EMT-D _____ LALS <u>37</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

RAMONA FIRE DEPARTMENT 105 WEST EARLHAM STREET RAMONA, CA 92065-1558 <p style="text-align: right;">Phone: (760) 789-1330</p>			Primary Contact: JACK WETHEY, EMS COORDINATOR		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ 0 ___ PS ___ PS-Defib ___ BLS ___ EMT-D ___ LALS ___ 13 ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

RANCHITA FIRE BATTALION (MONTEZUMA VALLEY VOL FD) 37370 MONTEZUMA VALLEY ROAD RANCHITA, CA 92066-9706 <p style="text-align: right;">Phone: (760) 782-3467</p>			Primary Contact: GARY LOYD, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ PS ___ 9 ___ PS-Defib ___ BLS ___ 2 ___ EMT-D ___ LALS ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

RANCHO SANTA FE FIRE PROTECTION DISTRICT 16936 EL FUEGO RANCHO SANTA FE, CA 92067-0410 Phone: (858) 756-5971			Primary Contact: NICK PAVONE, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport (BLS) <input checked="" type="checkbox"/> Non-Transport (ALS)	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>24</u> EMT-D _____ LALS <u>15</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0 Reserve: 1 Contract CSA 17- 3 ambulances

SAN DIEGO RURAL FIRE PROTECTION DISTRICT 14145 HIGHWAY 94 JAMUL, CA 91935 Phone: (619) 669-1188			Primary Contact: DAVE NISSEN, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>49</u> EMT-D _____ LALS <u>1</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0 Contract with AMR for transport services.

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

SAN DIEGO, CITY OF 1010 SECOND AVENUE, SUITE 400 SAN DIEGO, CA 92101-4101 Phone: (619) 533-4308			Primary Contact: DONNA GOLDSMITH, EMS PROGRAM MANAGER		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>619</u> EMT-D _____ LALS <u>304</u> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public/Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 29 ALS 16 BLS *See Rural Metro for ambulance # joint venture between SD Fire/Rescue Dept. & Rural Metro.

SAN MARCOS FIRE DEPARTMENT 1 CIVIC CENTER DRIVE SAN MARCOS, CA 92069-2949 Phone: (760) 744-1050 x3403			Primary Contact: KARL CHLARSON, BATTALION CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>7</u> EMT-D _____ LALS <u>35</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 4

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

SAN MIGUEL CONSOLIDATED FIRE PROTECTION DISTRICT 2850 VIA ORANGE WAY SPRING VALLEY, CA 91978-1746 Phone: (619) 670-0500			Primary Contact: LARRY KINARD, CHIEF PATRICK SUMROW, EMS COORDINATOR		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>45</u> EMT-D _____ LALS <u>21</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0 Contract with AMR for transport services.

SAN PASQUAL FIRE DEPARTMENT 208 EAST FIFTH AVENUE ESCONDIDO, CA 92025 Phone: (760) 745-9565			Primary Contact: GILBERT TURRENTINE, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>20</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

SANTEE FIRE DEPARTMENT 10601 MAGNOLIA AVENUE SANTEE, CA 92071-6514 Phone: (619) 258-4100 x207			Primary Contact: BOB PFOHL, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>12</u> EMT-D _____ LALS <u>33</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

SOLANA BEACH FIRE DEPARTMENT 500 LOMAS SANTA FE DRIVE SOLANA BEACH, CA 92075 Phone: (858) 720-2410			Primary Contact: DAVID OTT, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>18</u> EMT-D _____ LALS <u>2</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 1

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

SYCUAN FIRE DEPARTMENT 5449 DEHESA ROAD EL CAJON, CA 92019 <p style="text-align: right;">Phone: (619) 445-2893</p>			Primary Contact: BOBBY THOMAS, BATTALION CHIEF, EMS COORDINATOR		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 5 </u> EMT-DC _____ LALS <u> 3 </u> ALS
Ownership: <input checked="" type="checkbox"/> Public (Fire) <input checked="" type="checkbox"/> Private (Transport)	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

VALLEY CENTER FIRE PROTECTION DISTRICT 28234 LILAC ROAD VALLEY CENTER, CA 92082-5718 <p style="text-align: right;">Phone: (760) 751-7600</p>			Primary Contact: KEVIN O'LEARY, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 22 </u> EMT-D _____ LALS <u> 3 </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0 Contract with Mercy for transport services. Reserve 25 EMT

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

VISTA FIRE DEPARTMENT 175 NORTH MELROSE DRIVE VISTA, CA 92083-5718 <p style="text-align: right;">Phone: (760) 726-2144</p>			Primary Contact: MARLYN ANDERSON, EMS COORDINATOR		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>21</u> EMT-D _____ LALS <u>45</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 3

WARNER SPRINGS RANCH VOLUNTEER FIRE DEPARTMENT 31652 HIGHWAY 79 WARNER SPRINGS, CA 92086-0010 <p style="text-align: right;">Phone: (760) 782-4275</p>			Primary Contact: DENNIS PARRY, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>2</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> Country <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 9
Approved Training Programs

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

AMR – SAN DIEGO 8808 BALBOA AVENUE, #150 SAN DIEGO, CA 92123 Phone: (858) 492-3500		Contact Person: JAMES LEE
**Program Level: EMT-I Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration Date: 2004	
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 0	

BARONA FIRE DEPARTMENT 1112 BARONA ROAD LAKESIDE, CA 92040 Phone: (619) 390-2794		Contact Person: DOUGLAS MORIARTY
**Program Level: EMT-I Student Eligibility: Restricted	Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration Date: 2005	
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 0	

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

CHULA VISTA FIRE DEPARTMENT 447 F STREET CHULA VISTA, CA 91910 Phone: (619) 409-5969		Contact Person: MIKE HARTMAN
**Program Level: EMT-I Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 0 Refresher: 50 Continuing Education: 0 Expiration Date: 2004	
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 1 Continuing Education: 0	
COLLEGE OF OCEANEERING 3580 AERO COURT SAN DIEGO, CA 92123 Phone: (619) 563-7324		Contact Person: JOHN HARRISON
**Program Level: EMT-I Student Eligibility:	Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration Date: 2006	
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 1 Continuing Education: 0	

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

CORONADO FIRE DEPARTMENT 1001 6 TH STREET CORONADO, CA 92118 Phone: (619) 522-7374		Contact Person: RON ALLISON
**Program Level: EMT-I Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 0 Refresher: 20 Continuing Education: 0 Expiration Date: 2006	
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 1 Continuing Education: 0	

EMERGENCY MEDICAL EDUCATORS 208 E. FIFTH AVE. ESCONDIDO, CA 92025 Phone: (760) 480-9924		Contact Person: LUIS ORTIZ
**Program Level: EMT-1 Student Eligibility: Open to the general public	Number of students completing training per year: Initial training: 3 Refresher: 4 Continuing Education: 11 Expiration Date: 2006	
Cost of Program: Basic: \$450 Refresher: \$ 85	Number of courses: Initial training: 1 Refresher: 3 Continuing Education: 1	

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

<p>EL CAJON FIRE DEPARTMENT 100 EAST LEXINGTON EL CAJON, CA 92020-4517 Phone: (619) 441-1612</p>	<p>Contact Person: GARY BUCHHOLZ</p>
<p>**Program Level: EMT-1 Student Eligibility: Restricted</p>	<p>Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration Date: 2004</p>
<p>Cost of Program: Basic: \$ 0 (Department only) Refresher:</p>	<p>Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 0</p>

<p>EMSTA, Inc. PO BOX 21894 EL CAJON, CA 92021 Phone: (619) 562-4664</p>	<p>Contact Person: RICK FOEHR</p>
<p>**Program Level: EMT-I Student Eligibility: Open to general public</p>	<p>Number of students completing training per year: Initial training: 95 Refresher: 300 Continuing Education: 60 Expiration Date: 2005</p>
<p>Cost of Program: Basic: \$ 875 Refresher: \$150</p>	<p>Number of courses: Initial training: 4 Refresher: 12 Continuing Education: 10</p>

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

GROSSMONT HEALTH OCCUPATION 9368 OAKBOURNE ROAD SANTEE, CA 92071 <p style="text-align: right;">Phone: (619) 596-3690</p>		Contact Person: ANN VROMAN	
**Program Level: EMT-I Student Eligibility: Open to general public	Number of students completing training per year: Initial training: 80 Refresher: 0 Continuing Education: 0 Expiration Date: 2007		
Cost of Program: Basic: \$ 0 Refresher: \$ 45	Number of courses: Initial training: 4 Refresher: 0 Continuing Education: 0		

LA MESA FIRE DEPARTMENT 8054 ALLISON AVENUE LA MESA, CA 91941 <p style="text-align: right;">Phone: (619) 667-1355</p>		Contact Person: DAVE HARDENBURGER	
**Program Level: EMT-1 Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 0 Refresher: 12 Continuing Education: 0 Expiration Date: 2005		
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 1 Continuing Education: 0		

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

MIRAMAR COLLEGE 10440 BLACK MOUNTAIN ROAD SAN DIEGO, CA 92126 Phone: (619) 523-3311		Contact Person: MARY KJARTANSON	
**Program Level: EMT-I Student Eligibility: Open to the general public	Number of students completing training per year: Initial training: 770 Refresher: 200 Continuing Education: 125 Expiration Date: 2005		
Cost of Program: Basic: \$ 26/unit Refresher: \$ 26/unit	Number of courses: Initial training: 22 Refresher: 8 Continuing Education: 0		

NAVAL HOSPITAL - CAMP PENDLETON EMT PROGRAM, NAVAL HOSPITAL, BOX 555191 CAMP PENDLETON, CA 92055 Phone: (760) 725-2903		Contact Person: LCDR MICHAEL D. SIMONS	
**Program Level: EMT-1 Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration Date: 2005		
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 0		

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

PALOMAR COLLEGE 1951 EAST VALLEY PARKWAY ESCONDIDO, CA 92027 Phone: (760) 744-1150/8153		Contact Person: DEBI WORKMAN
**Program Level: EMT-I/EMT-P Student Eligibility: Open to the general public	Number of students completing training per year: Initial training: 385/60 Refresher: 100/0 Continuing Education: 120 Expiration Date: 2007	
Cost of Program: Basic: \$28/unit Refresher: \$28/unit	Number of courses: Initial training: 11/2 Refresher: 3 Continuing Education: 11	
SAN DIEGO FIRE DEPARTMENT 1010 2 ND AVENUE SAN DIEGO, CA 92101 Phone: (619) 692-4982		Contact Person: ROBERT STANLEY
**Program Level: EMT-1 Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 0 Refresher: 50 Continuing Education: 0 Expiration Date: 2004	
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 1 Continuing Education: 0	

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

SOUTHWESTERN COLLEGE 900 OTAY LAKES CHULA VISTA, CA 91910 Phone: (619) 421-6700		Contact Person: JOANNE STONECIPHER	
**Program Level: EMT-I/EMT-P Student Eligibility: Open to the general public	Number of students completing training per year: Initial training: 245/56 Refresher: 175 Continuing Education: 0 Expiration Date: 2007		
Cost of Program: Basic: \$ 26/unit Refresher: \$ 26/unit	Number of courses: Initial training: 7/2 Refresher: 5/0 Continuing Education: 0/0		
SOLANA BEACH FIRE DEPARTMENT 500 LOMAS SANTA FE DRIVE SOLANA BEACH, CA 92075-1324 Phone: (858) 720-2410		Contact Person: DAVE HULMERUD	
**Program Level: EMT-I Student Eligibility: Restricted	Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration Date: 2004		
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 0		

TABLE 10
Facilities

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

ALVARADO COMMUNITY HOSPITAL 6655 ALVARADO ROAD SAN DIEGO, CA 92120 Phone: (619) 287-3270			Primary Contact: MARK PALMER, EXECUTIVE DIRECTOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

CHILDREN'S HOSPITAL AND HEALTH CENTER 3020 CHILDREN'S WAY SAN DIEGO, CA 92123 Phone: (858) 576-1700			Primary Contact: BLAIR SADLER, CHIEF EXECUTIVE OFFICER	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EDAP:* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PICU:** <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level II (Pediatric)

*Emergency Department Approved for Pediatrics.

**Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

CORONADO HOSPITAL 250 PROSPECT PLACE CORONADO, CA 92118 Phone: (619) 435-6251			Primary Contact: MARCIA HALL, CEO	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

FALLBROOK HOSPITAL 624 EAST ELDER STREET FALLBROOK, CA 92028 Phone: (760) 728-1191			Primary Contact: DUN LARKIN, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

GREEN HOSPITAL OF SCRIPPS CLINIC 10666 NORTH TORREY PINES ROAD LA JOLLA, CA 92037 <p style="text-align: center;">Phone: (858) 455-9100</p>			Primary Contact: HUBERT GREENWAY, M.D., CHIEF EXECUTIVE OFFICER	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service NOTE: Has an urgent care center	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

GROSSMONT HOSPITAL 5555 GROSSMONT CENTER DRIVE LA MESA, CA 91942 <p style="text-align: center;">Phone: (619) 644-4066</p>			Primary Contact: MICHELLE TARBET, CHIEF EXECUTIVE OFFICER	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

KAISER FOUNDATION HOSPITAL 4647 ZION AVENUE SAN DIEGO, CA 92120 <p style="text-align: center;">Phone: (619) 528-5000</p>			Primary Contact: KENNETH COLLING, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

MERCY HOSPITAL & MEDICAL CENTER 4077 FIFTH AVENUE SAN DIEGO, CA 92103 <p style="text-align: center;">Phone: (619) 260-7176</p>			Primary Contact: TOMAS GAMMIERE, ADMINISTRATOR	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level I

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

PALOMAR MEDICAL CENTER 555 EAST VALLEY PARKWAY ESCONDIDO, CA 92025 Phone: (760) 739-3698			Primary Contact: GERALD BRACHT, ADMINISTRATOR/CEO	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level II

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

PARADISE VALLEY HOSPITAL 2400 EAST FOURTH STREET NATIONAL CITY, CA 91950 Phone: (619) 470-4321			Primary Contact: ALAN SODERBOLM, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

POMERADO HOSPITAL 15615 POMERADO ROAD POWAY, CA 92064 Phone: (858) 485-6511			Primary Contact: JIM FLINN, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

SCRIPPS HOSPITAL – ENCINITAS 354 SANTA FE DRIVE ENCINITAS, CA 92024 <p style="text-align: right;">Phone: (760) 455-1481</p>			Primary Contact: STEVE GOE, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

SCRIPPS MEMORIAL – CHULA VISTA 435 H STREET CHULA VISTA, CA 91910 <p style="text-align: right;">Phone: (619) 691-7389</p>			Primary Contact: TODD HUFF, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

SCRIPPS MEMORIAL – LA JOLLA 9888 GENESEE AVE. LA JOLLA, CA 92037 <p style="text-align: center;">Phone: (858) 626-6158</p>			Primary Contact: GARY FYBEL, ADMINISTRATOR	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level II

SHARP CHULA VISTA MEDICAL CENTER 751 MEDICAL CENTER COURT CHULA VISTA, CA 91910 <p style="text-align: center;">Phone: (619) 482-5800</p>			Primary Contact: CHRIS BOYD, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

SHARP MEMORIAL HOSPITAL 7901 FROST STREET SAN DIEGO, CA 92123 <p style="text-align: center;">Phone: (858) 541-3422</p>			Primary Contact: DANIEL GROSS, CHIEF EXECUTIVE OFFICER	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level II

TRI-CITY MEDICAL CENTER 4002 VISTA WAY OCEANSIDE, CA 92054 <p style="text-align: center;">Phone: (760) 940-3548</p>			Primary Contact: ARTHUR GONZALES, PRESIDENT/CEO	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

UNIVERSITY COMMUNITY MEDICAL CENTER 5550 UNIVERSITY AVENUE SAN DIEGO, CA 92105 Phone: (619) 582-3516			EMERGENCY DEPT. CLOSED – MARCH 16, 2005	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service- CLOSED <input type="checkbox"/> Comprehensive emergency service- CLOSED	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

UCSD MEDICAL CENTER 3200 WEST ARBOR DR. SAN DIEGO, CA 92103 Phone: (619) 543-6222			Primary Contact: RICHARD LIEKWEG, ADMINISTRATOR	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level I

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

UCSD THORNTON HOSPITAL 9300 CAMPUS POINT DRIVE LA JOLLA, CA 92037 <p style="text-align: center;">Phone: (858) 657-7000</p>			Primary Contact: RICHARD LIEKWEG, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

U.S. NAVAL HOSPITAL SAN DIEGO, CA 92134 <p style="text-align: center;">Phone: (619) 532-6400</p>			Primary Contact: RADM B. BRANNMAN, COMMANDING OFFICER	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

U.S. NAVAL HOSPITAL - CAMP PENDLETON U.S. MARINE CORPS BASE CAMP PENDLETON, CA 92055 Phone: (760) 725-1793			Primary Contact: CAPTAIN STEVE NICHOLS, COMMANDING OFFICER	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

VETERANS ADMINISTRATION HOSPITAL 3350 LA JOLLA VILLAGE DRIVE SAN DIEGO, CA 92161 Phone: (858) 552-8585			Primary Contact: GARY ROSSIO, CHIEF EXECUTIVE OFFICER	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 11
Dispatch Agencies

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

AMERICAN MEDICAL RESPONSE – SAN DIEGO 8808 BALBOA AVENUE, #150 SAN DIEGO, CA 92123 <p style="text-align: right;">Phone: (858) 492-8111</p>			Primary Contact: GORDON ANDERSON
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: ___16___ EMD Training ___2___ EMT-D ___ ___ ALS ___ ___ BLS ___ ___ LALS ___3___ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

AMERICARE AMBULANCE 1924 Commercial Street, Suite B Escondido, CA 92029 <p style="text-align: right;">Phone: (760) 781-3895</p>			Primary Contact: MARK EWING
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: ___ ___ EMD Training ___ ___ EMT-D ___ ___ ALS ___6___ BLS ___ ___ LALS ___ ___ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

BALBOA AMBULANCE INCORPORATED 6340 RIVERDALE SAN DIEGO, CA 92120 <p style="text-align: right;">Phone: (619) 295-1942</p>			Primary Contact: ANGELA HARDING, ASST. SUPERVISOR
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS <u> 7 </u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

CALIFORNIA DEPARTMENT OF FORESTRY 249 JAMACHA ROAD EL CAJON, CA 92020 <p style="text-align: right;">Phone: (619) 590-3100</p>			Primary Contact: CHIEF MANER CHARLES
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS <u> 10 </u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

CARE MEDICAL TRANSPORTATION 9770 CANDIDA ST. SAN DIEGO, CA 92126 <p style="text-align: right;">Phone: (858) 653-4500</p>			Primary Contact: DANIEL GRAHAM, VP OPERATIONS
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u> 4 </u> EMT-D _____ ALS _____ BLS _____ LALS <u> 3 </u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

CHULA VISTA FIRE DEPARTMENT 447 F. STREET CHULA VISTA, CA 91910 <p style="text-align: right;">Phone: (619) 476-2404</p>			Primary Contact: DEBBIE NASTA
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: <u> 14 </u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

CORONADO POLICE DEPARTMENT 700 ORANGE AVENUE CORONADO, CA 92118 <p style="text-align: right;">Phone: (619) 522-7350</p>			Primary Contact: MARYANN ADAMS, DIVISION CHIEF
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 7 Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

ESCONDIDO, CITY OF 700 WEST GRAND AVENUE ESCONDIDO, CA 92025 <p style="text-align: right;">Phone: (760) 839-4622</p>			Primary Contact: GARY WELLS
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ 22 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 1 Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

HEARTLAND DISPATCH JPA 100 EAST LEXINGTON EL CAJON, CA 92020 <p style="text-align: right;">Phone: (619) 441-1621</p>			Primary Contact: GEORGE WOOD
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: 17 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other, explain: City/Fire District JPA	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District

MERCY AIR 545 GIA KENNEY ST. EL CAJON, CA 92020 <p style="text-align: right;">Phone: (619) 448-3457</p>			Primary Contact: AARON O'SHEMA, MEDICAL MANAGER
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D 12 ALS _____ BLS _____ LALS 3 Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

SCHAEFER AMBULANCE SERVICE 7257 UNIVERSITY AVENUE LA MESA, CA 91941 Phone: (619) 583-0454			Primary Contact: RICK LARSON, REGIONAL MANAGER
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u> 5 </u> EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11A
Disaster Medical Responders
(County)

TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (County)

EMS System: San Diego County

County: San Diego

COUNTY OFFICE OF EMERGENCY SERVICES (OES)

Coordinator: Deborah Steffen

Work Phone: (858) 565-3490

Home Phone: NA

Pager: NA

FAX: (619) 694-2514

24-Hour Phone: (858) 565-3490

Alternate: Herman Reddick

Work Phone: (858) 565-3490

Home Phone: NA

Pager: NA

FAX: (619) 694-2514

24-Hour Phone: (858) 565-3490

COUNTY EMS DISASTER MEDICAL SERVICES (DMS)

Coordinator: Patrick Buttron

Work Phone: (619) 285-6429

Home Phone: NA

Pager: (619) 526-0392

FAX: (619) 285-6531

24-Hour Phone: (858) 565-5255
(Station M)

Alternate: Carmel Angelo

Work Phone: (619) 285-6429

Home Phone: NA

FAX: (619) 285- 6531

24-Hour Phone: (858) 565-5255
(Station M)

COUNTY HEALTH OFFICER

Public Health

Officer: Nancy L. Bowen, M.D., MPH

Work Phone: (619) 515-6597

Home Phone: NA

Pager: (619) 529-9154

FAX: (619) 515-6717

24-Hour Phone: (619) 565-3490
(Station M)

Alternate: Wilma Wooten, M.D.

Work Phone: (619) 515-6519

Home Phone: NA

Pager: No

FAX: (619) 685-2423

24-Hour Phone: (619) 565-5255
(Station M)

TABLE 11B
Disaster Medical Responders
Regional Disaster Medical/Health Coordinators

**TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders
(Regional Disaster Medical/Health Coordinators)**

OES Region: San Diego County

County: San Diego

REGIONAL OES COORDINATOR:

Chris Sundley

Work Phone: (562) 795-2900

Home Phone: NA

Pager: NA

FAX: NA

24-Hour Phone: (562) 795-2900

Alternate: Sonja Brown

Work Phone: (562) 795-2908

Home Phone: NA

Pager: NA

FAX: NA

24 Hour Phone: (562) 795-2900

REGIONAL DISASTER COORDINATOR:

Dr. Thomas Pendergast

Work Phone: (909) 387-6219

Home Phone: NA

Pager: NA

FAX: (909) 387-6228

24-Hour Phone: (909) 356-3805

Alternate: Conrad Salinas

Work Phone: (909) 387-7759

Home Phone: NA

Pager: NA

FAX: (909) 387-7853

24-Hour Phone: (909) 356-3805

SECTION 5
DESCRIPTION OF PLAN DEVELOPMENT PROCESS

Description of Plan Development Process

The local EMS agency ensures ongoing EMS plan development through continual input from prehospital and hospital providers, physicians, and consumers. At the system-wide level, a variety of advisory groups and committees provide input on EMS issues and policies relating to the delivery of emergency medical services. Each group/committee is composed of appropriate public and private provider representatives with a mix of prehospital care personnel (i.e., MICNs, EMT-Ps, EMT-Is, physicians and administrators). Their input establishes a framework in which the EMS community and the local EMS agency develop common goals and objectives in order to achieve greater system effectiveness.

Forums are conducted at the MICN, EMT-P and EMT-I levels to encourage sharing of information between field, hospital and management personnel. The Base Station Physicians' Committee and the Emergency Medical Care Committee provide a forum for a similar interchange between the Medical Director, base hospital physicians and other prehospital personnel.

System changes are further reviewed by the Medical Audit Committee, Prehospital Audit Committee, Healthcare Association of San Diego and Imperial Counties, County Paramedic Agencies Committee and various subcommittees. The local EMS agency further seeks input as needed from other interested groups, including the County Medical Society, the Medical Society EMS Committee, the Emergency Nurses Association and the San Diego County Paramedic Association.

The Emergency Medical Care Committee (EMCC) and its subcommittees (Prehospital/Hospital, Disaster Operations, Education and Research) provide an ongoing mechanism to evaluate EMS system design and operations. The EMCC acts as the primary advisory group to the local EMS agency and the Board of Supervisors on all EMS matters. The Board of Supervisors appoints 18 members; five of the 18 are public members, one nominated by each member of the Board of Supervisors. Information is acquired and analyzed to measure the impact and the quality of emergency medical care services.

In cooperation with the Community Health Programs of the Health and Human Services Agency, the local EMS agency participates in prevention programs (e.g., Violence Prevention Coalition, American Trauma Society/Southern California Division) developed to meet the needs of the community.

The EMS Base Plan was submitted to and approved by the EMCC, then submitted in its final version to the County Board of Supervisors along with a resolution to adopt the plan in 1998. This document serves as the annual update to that plan.

SECTION 6
ANNEX

A. Trauma Care System Plan

Trauma Care System Plan

The San Diego County Trauma Plan, dated April 24, 1990, was submitted to and approved by the EMSA. The plan incorporates the Trauma Planning Guidelines provided in Appendix 2 of the EMSA System Guidelines. A draft 2002 Trauma Plan was approved by EMS Authority. The plan will be revised and re-submitted with the 5- year EMS Plan.

STANDARDS

***SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT**

Agency Administration
1.01 LEMSA Structure

STANDARD:

1.01 Each local EMS agency shall have a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

CURRENT STATUS:

The County of San Diego Health and Human Services Agency (HHSA) is the designated local EMS agency (LEMSA). Within the Health and Human Services Agency, the Emergency Medical Services Division carries out the LEMSA's responsibilities to plan, monitor and evaluate EMS activities throughout the county. Exhibits 1.01-A and 1.01-B, on the following pages, show the HHSA organizational chart and the local EMS agency organizational chart, respectively. The organization employs clinical and technical experts including administrative managers, a physician, registered nurses, data systems analysts and a variety of administrative and technical assistants. Exhibit 1.01-C is a list of major committees that provide medical and operational advice and recommendations on all aspects of system planning and implementation.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

EXHIBIT 1.01-A
County of San Diego
Health and Human Services Agency
Organization Chart

HEALTH AND HUMAN SERVICES AGENCY
ORGANIZATIONAL CHART
OPERATIONS / REGIONAL DIVISIONS

April 11, 2005

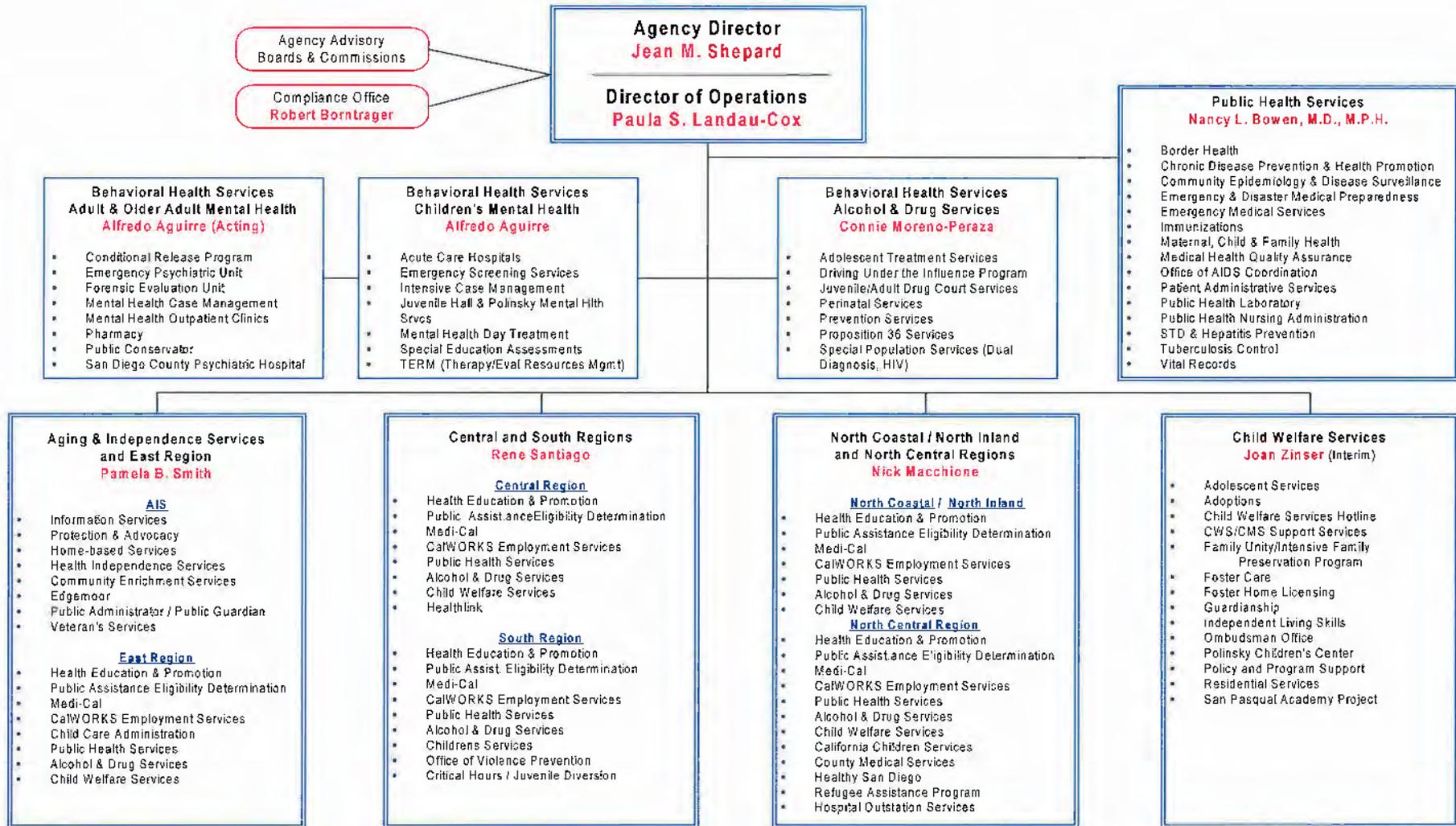


EXHIBIT 1.01-B
County of San Diego
Division of Emergency Medical Services
Organization Chart

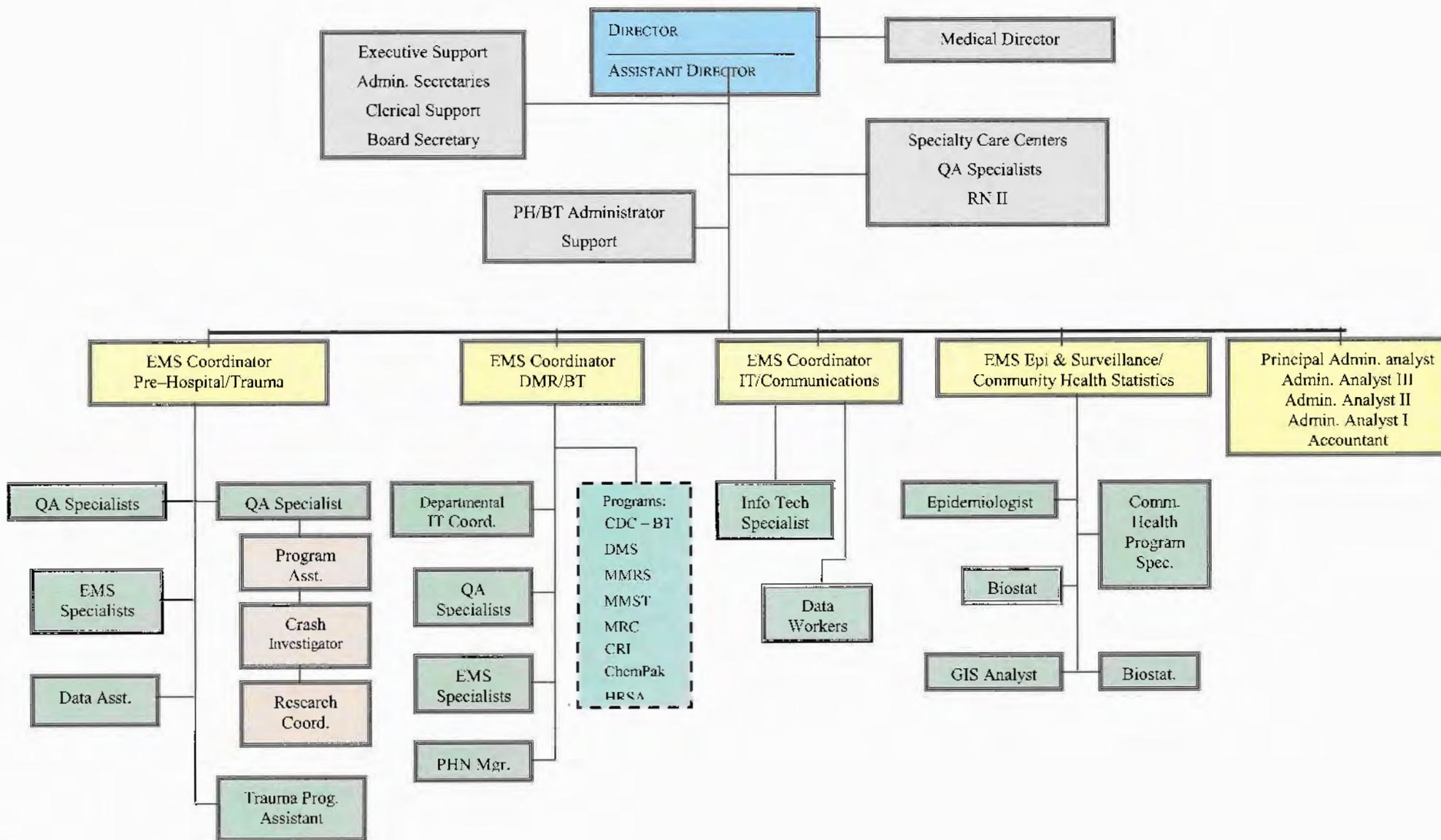


EXHIBIT 1.01-C

EMS COMMITTEES

EMERGENCY MEDICAL CARE COMMITTEE (EMCC)

- Meets at least quarterly, open meeting.
- Performs oversight of all EMS Division operations.
- Comprised of representatives from constituent groups, citizens.
- Three subcommittees: Prehospital/Hospital, Education/Research, Disaster/Operations.

BASE STATION PHYSICIANS' COMMITTEE (BSPC)

- Meets monthly, open meeting.
- Serves as official physician advisory committee for EMS medical director. Generally addresses medical issues (treatment protocols, new treatment issues, etc.).
- Comprised of base hospital medical directors, base hospital nurse coordinators, ambulance agency representatives, and paramedic/EMT association representatives.

PREHOSPITAL AUDIT COMMITTEE (PAC)

- Meets monthly, closed meeting.
- Performs confidential review of prehospital QA/QI activities. Reviews system-wide trends. Subcommittee addresses policy/systems, protocol, skills and medication issues.
- Comprised of base hospital medical directors, base hospital nurse coordinators, and others as stipulated in by-laws.

MEDICAL AUDIT COMMITTEE (MAC)

- Meets monthly, closed meeting.
- Performs confidential review of trauma cases.
- Comprised of trauma medical directors, trauma nurse coordinators, and others as stipulated in by-laws.

EMS FOR CHILDREN (EMSC) COMMITTEE

- Meets every other month from Sept through May, open meeting.
- Serves as a multidisciplinary advisory committee for EMS medical director. Generally addresses pediatric issues including integration of pediatric components into the EMS system, health care provider preparedness, community outreach, health promotion and injury prevention.
- Comprised of representatives of Base Hospital Physician's Committee, AAP, COPEM, Base Hospital Nurse Coordinators Committee, Children's Hospital, Paramedic Association, Healthcare Association, physicians from private practice and community emergency departments, Naval Hospital and a community representative and others stated in the policy S018.

BASE HOSPITAL NURSE COORDINATORS' COMMITTEE (BHNC)

- Meets monthly, closed meeting.
- Coordinates system studies/research, addresses protocol and QA issues.
- Comprised of base hospital nurse coordinators.

EXHIBIT 1.01-C

EMS COMMITTEES (continued)

TRAUMA NURSE COORDINATORS COMMITTEE

- Meets monthly, closed meeting.
- Addresses trauma protocol and QA issues.
- Comprised of trauma hospital nurse coordinators.

TRAUMA CENTER ADMINISTRATORS' COMMITTEE

- Meets quarterly, open meeting.
- Reviews trauma center activities and contract issues.
- Comprised of trauma center administrators.

COUNTY PARAMEDIC AGENCIES' COMMITTEE (CPAC)

- Meets bi-monthly, closed meeting.
- Agenda set by group - communicates concerns to County EMS.
- Comprised of paramedic agency representatives.

HEALTHCARE DISASTER COUNCIL

- Meets monthly, open meeting.
- Comprised of hospital, health care, and public safety agency representatives and others in the operational area (schools, colleges, urgent care facilities, etc.) that wish to participate in disaster planning activities.

COUNTY SERVICE AREA 17 (CSA 17) ADVISORY COMMITTEE

- Meets quarterly, open meeting.
- Provides forum for communication with community representatives of CSA 17 and facilitates the administration of the San Dieguito Ambulance District.
- Comprised of representatives from community organizations as specified in by-laws.

COUNTY SERVICE AREA 69 (CSA 69) ADVISORY COMMITTEE

- Meets quarterly, open meeting.
- Provides forum for communication with residents of CSA 69 and facilitates the administration of the Heartland Paramedic District.
- Comprised of representatives from community organizations as specified in by-laws.

SEXUAL ASSAULT RESPONSE TEAM (SART) SYSTEMS REVIEW COMMITTEE

- Meets monthly, open meeting.
- Provides oversight to the SART process and identifies and implements ongoing system improvements.
- Comprised of representatives from SART facilities, law enforcement, advocacy programs, District Attorney's office, Center for Child Protection, and EMS.

EXHIBIT 1.01-C

EMS COMMITTEES (continued)

OTHER COMMITTEES:

San Diego County Fire Chiefs Association

Medical Society Emergency Medical Oversight Commission

San Diego County Paramedic Association

Health Care Advisory Committee on Terrorism

Health Resources and Services Administration (HRSA) Executive Steering Committee

HRSA Working Group

EMS Training Agencies

EMS Section Fire Chiefs

TASK FORCES: As needed.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.02 LEMSA Mission

STANDARD:

1.02 Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes.

CURRENT STATUS:

EMS system planning and evaluation occurs through an ongoing process of needs identification and problem resolution. Patient care is kept at the forefront while balancing the needs of the system participants. A community consensus process for policy and protocol development includes members of EMS committees and other EMS constituents.

The LEMSA has an established system-wide quality assurance/improvement program that is reviewed annually. The LEMSA's Policy S-004, EMS System Quality Improvement, establishes the mechanism by which the LEMSA identifies primary responsibilities of all participants in the County of San Diego's EMS system for achievement of optimal quality of prehospital care for patients who access the system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet the standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.03 Public Input

STANDARD:

1.03 Each local EMS agency shall have a mechanism (including the emergency medical care committee(s) and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

CURRENT STATUS:

At the system-wide level, a variety of advisory groups and committees provide input on EMS issues and policies. Each group/committee is composed of appropriate public and private provider representatives with a mix of prehospital care personnel (e.g., MICNs, EMT-Ps, EMT-Is, physicians and administrators). The input provided establishes a framework in which the EMS community and the LEMSA can develop common goals and objectives to achieve greater system effectiveness. Forums are conducted at the MICN, EMT-P and EMT-I levels to encourage a mutual sharing of information between field, hospital and management personnel. The Base Station Physicians' Committee provides a forum for a similar interchange between the Medical Director, base hospital physicians and other prehospital personnel.

The Emergency Medical Care Committee (EMCC) is the primary advisory group to the LEMSA and the Board of Supervisors on all EMS matters. There are 18 members appointed by the Board of Supervisors, five of which are public members, one nominated by each member of the Board of Supervisors. There are three standing EMCC subcommittees that review, evaluate and make recommendations on issues referred to them by the EMCC, and an executive board. Composition is described in Exhibit 1.01-C on page 18.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.04 Medical Director

STANDARD:

1.04 Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

GUIDELINE(S):

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and prehospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS:

The County appointed Gary Vilke, M.D., FACEP as the EMS Medical Director. Dr. Vilke is board certified in Emergency Medicine and has been an Emergency Department physician at UCSD Medical Center since completion of his residency in 1996. In addition, Dr. Vilke serves as a Professor of Clinical Medicine at the UCSD School of Medicine. Dr. Vilke has received several honors and awards for his achievements in academics and research, as well as being published numerous times in the Journal of Emergency Medicine, Annals of Emergency Medicine, Prehospital Emergency Care and others.

Dr. Vilke has various advisory committees, including: Base Station Physicians' Committee, a multi-disciplinary organization composed of all the base hospital medical directors, with representatives of the base hospital nurse coordinators, Children's Hospital emergency department medical director, and provider agencies; Paramedic Agencies' Committee; Medical Audit Committee (provides trauma advisory function); Emergency Medical Care Committee and its multi-disciplinary subcommittees on education, disaster, and prehospital issues.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT
NEEDS REVISION

Planning Activities

1.05/1.06 System Plan/Annual Plan Update

STANDARD:

- 1.05 Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority. The plan shall:
- a) assess how the current system meets these guidelines,
 - b) identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
 - c) provide a methodology and time line for meeting these needs.
- 1.06 Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

CURRENT STATUS:

The LEMSA developed a comprehensive EMS System Base plan for fiscal year 1997-98 identifying all system needs and methodologies to meet the needs. Three subsequent Plan updates were submitted for fiscal year 1998-99, fiscal year 1999-00, and fiscal years' 2000-03. This plan combines the subsequent updates which provide data through fiscal year 2003-2005. The next Plan to be submitted will be a new Base Plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.07 Trauma Planning*

STANDARD:

1.07 The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

GUIDELINE(S):

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

CURRENT STATUS:

The LEMSA established an organized trauma system in August 1984. Included are one pediatric trauma center, two Level I trauma hospitals and three Level II trauma hospitals. Trauma hospital designation criteria were developed by a consensus of local experts in trauma care and recommendations by the American College of Surgeons. The criteria contained in the County's Trauma Hospital Services Agreement meet the trauma hospital designation requirements specified in the California Code of Regulations, Title 22. Policy T-710 addresses the process and procedure for designating a trauma center to the trauma care system.

COORDINATION WITH OTHER EMS AGENCIES:

San Diego County currently has EMS inter-county agreements in place with Riverside, Los Angeles, Orange, Imperial, and San Bernardino counties. The LEMSA also coordinates with the Inland Counties Emergency Medical Services Agency, a multi-county EMS agency of San Bernardino, Inyo and Mono counties. San Diego County has an ALS service agreement with the City of San Clemente to cover the I-5 corridor north of Las Pulgas Road and with West Shores Ambulance (Salton Sea) to cover Ocotillo Wells and the Anza Borrego State Park. These ALS providers also interface with the San Diego trauma system. Active duty military personnel and their dependents who are injured are integrated into the San Diego County trauma system.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.08 ALS Planning*

STANDARD:

1.08 Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

CURRENT STATUS:

The San Diego County EMS system currently has designated 22 ground ALS provider jurisdictions, 10 ALS first responder agencies and one Air Medical Transport Service to provide advanced life support services to the majority of San Diego County. These jurisdictions include cities, fire districts, a hospital district, a water district, three Indian tribes and two County Service Areas.

COORDINATION WITH OTHER EMS AGENCIES:

Paramedic inter-county agreements with surrounding counties address the provision of ALS services across county lines. Paramedic inter-county agreements are in place between the County of San Diego and the following jurisdictions: Imperial County, Orange County, Riverside County, San Bernardino County, and Los Angeles County.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.09 Inventory of Resources

STANDARD:

1.09 Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

CURRENT STATUS:

Personnel

The LEMSA maintains an ongoing inventory of EMT-Paramedics, MICNs, EMT-Ds and EMT-I's (certified/accredited/authorized by the LEMSA only). This is in a customized computer application, which resides on the County of San Diego Quality Assurance Collector System (QCS).

Vehicles and Facilities

The LEMSA maintains an ongoing inventory of all BLS and ALS provider agencies and vehicles. This inventory is verified on an annual basis through the management of the County of San Diego Ambulance Ordinance and via the base hospital assignment process. An accurate up-to-the-minute inventory of all receiving, base and specialty hospital available resources is maintained on the QCS to ensure appropriate transport destinations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.10 Special Populations

STANDARD:

1.10 Each local EMS agency shall identify population groups served by the EMS system, which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

GUIDELINE(S):

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

CURRENT STATUS:

The Pediatric Treatment Protocols, implemented in March 1995, provide enhanced care for this special population group. The San Diego County EMS Policies and Procedures Manual has dedicated Protocols A217, A260, A271, P112, P113, P117, and S-160 through S-172 to deal with specific pediatric issues.

Most dispatch centers employ multi-lingual (commonly Spanish- and Asian-speaking) operators to deal with non-English-speaking patients. Also, dispatch centers access telephone language lines to enhance communication with the majority of non-English-speaking callers. Receiving hospitals maintain rosters of bilingual personnel who can be called to the emergency departments as interpreters. The Trauma Plan has operationalized a method for disbursing border patients between two different trauma hospitals.

Specialized training in the areas of geriatric and handicapped patients is incorporated into basic and continuing education programs for EMT-Is, EMT-Ps and MICNs, and in disaster preparedness protocols.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.11 System Participants

STANDARD:

1.11 Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

GUIDELINE(S):

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

CURRENT STATUS:

The LEMSA has identified the optimal roles and responsibilities of system participants, including paramedic providers, base hospitals, trauma hospitals, and basic life support companies. Written agreements to ensure that participants are in conformance are currently in place for trauma hospitals, base hospitals and exclusive operating area providers. Basic Life Support companies' conformance is ensured through enforcement activities incorporated in the County Ambulance Ordinance. In addition, the LEMSA has written agreements with all BLS agencies utilizing the optional skill of esophageal tracheal airway devices.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.12 Review & Monitoring

STANDARD:

1.12 Each local EMS agency shall provide for review and monitoring of EMS system operations.

CURRENT STATUS:

Within the LEMSA, the Prehospital section manages and evaluates BLS and ALS care provided by prehospital personnel, provider agencies and hospitals. The Trauma/Information Management section is responsible for managing the trauma and other specialized programs to ensure appropriate system operation. Both sections consist of an EMS Coordinator, Quality Assurance Specialists (registered nurses), and EMS Specialists.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.13 Coordination

STANDARD:

- 1.13 Each local EMS agency shall coordinate EMS system operations.

CURRENT STATUS:

San Diego County serves a population of approximately 3 million residents and 15 million overnight visitors annually. Coordination of emergency medical services requires input and cooperation from a vast array of organizations, agencies and facilities. At the system-wide level, a variety of advisory groups and committees provide input to LEMSA on EMS matters. Each group/committee is appropriately composed of public and private provider representatives with a mix of prehospital care personnel (refer to committees in Exhibit 1.01-C, page 18). The input provided establishes a framework in which the EMS community and the Health and Human Services Agency can develop a common set of goals and objectives in order to achieve greater system effectiveness. On an operational level, the LEMSA is positioned to respond to system changes twenty-four hours a day using an on call duty officer, cutting edge information technology and automated system status monitoring. The Director of EMS is responsible, twenty-four hours a day, for ensuring that all components of the EMS system work together to provide excellence in patient care.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.14 Policy & Procedures Manual

STANDARD:

1.14 Each local EMS agency shall develop a policy and procedures manual, which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

CURRENT STATUS:

The LEMSA maintains the San Diego County EMS Policies and Procedures Manual, which addresses all aspects of the EMS system county-wide. The following main subject areas are included: Systems Organization and Management, State Law and Regulation, local EMS agency, Base Hospitals/Medical Control, Service Provider Agencies, Transportation/Patient Destination, Record Keeping/Audit, Equipment/Supplies/Vehicles, Adult and Pediatric Field Protocols/Procedures, Data Collection, Training Programs, and Certification/Recertification Requirements. Policies are routinely reviewed by many of the committees active within the system.

Any newly approved provider agency or hospital is provided with copies of the manual. System participants are notified a minimum of thirty days prior to implementation of new or revised policies so that adequate education can occur and internal policies may be made.

COORDINATION WITH OTHER EMS AGENCIES:

Policies affecting other LEMSAs are coordinated with those agencies.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.15 Compliance with Policies

STANDARD:

1.15 Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

CURRENT STATUS:

In addition to ongoing data collection and implementation of a quality improvement program within the LEMSA, the Agency reviews facilities and provider agencies on a routine basis or for cause with regard to compliance with system policies. Determination of compliance of EMS personnel with system policies rests primarily on daily supervision of personnel by provider agencies and base hospitals as well as input to base hospitals by receiving facilities. Compliance with local policies is required of all system participants via the contracts negotiated with all providers. These contracts are reviewed regularly.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

System Finances

1.16 Funding Mechanism

STANDARD:

1.16 Each local EMS agency shall have a funding mechanism, which is sufficient to ensure its continued operation, and shall maximize use of its Emergency Medical Services Fund.

CURRENT STATUS:

The portion of the EMS Fund (SB612 and SB623) not allocated to hospitals and physicians for indigent care is utilized to cover a portion of the daily operations of the LEMSA. In addition, fees are charged for certification/accreditation functions, ambulance operator permits, and base and trauma hospital designation. State Aid Health Realignment Fees (Vehicle License Fee) are also earmarked for EMS operations. Grant funding, both State and Federal, is vigorously pursued by the LEMSA and is used to offset specialized projects or evaluation and implementation of new system enhancements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.17 Medical Direction*

STANDARD:

- 1.17 Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of prehospital and hospital providers.

CURRENT STATUS:

The LEMSA Medical Director provides medical direction for the San Diego County EMS system. All medically related issues are reviewed and approved by the Medical Director prior to implementation. The Medical Director may consult with the EMS Medical Director's Advisory Committee (Base Station Physicians Committee) and EMS Division staff on issues concerning prehospital treatment protocols and prehospital medical care delivery in the EMS system. Currently, seven base hospitals are active within the EMS system and there is no need for alternate base hospitals. The roles and responsibilities of the base hospitals are delineated in contracts between base hospitals and the LEMSA. The roles, responsibilities, and relationships of prehospital and hospital providers are described in the San Diego County EMS Policies and Procedures Manual.

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA Medical Director is active as a member of the Emergency Medical Directors' Association of California. Through this organization and direct communication with other local agencies, the Medical Director develops policies or actions to allow for smooth interfacing with other EMS agencies.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.18 QA/QI

STANDARD:

1.18 Each local EMS agency shall establish a quality assurance/quality improvement program. This may include use of provider based programs which are approved by the local EMS agency and which are coordinated with other system participants.

GUIDELINE(S):

Prehospital care providers should be encouraged to establish in-house procedures, which identify methods of improving the quality of care provided.

CURRENT STATUS:

The Prehospital Audit Committee is the confidential peer review body, which monitors, evaluates and reports on the quality of prehospital medical care and advises the LEMSA regarding clinical standards of care. Membership is drawn from the base hospitals, provider agencies, EMT-Paramedic training programs, and the LEMSA. The Prehospital Audit Committee promotes county-wide standardization of the quality assurance/improvement process with an emphasis on the educational aspects. Its purpose is to review issues and matters of a system-wide nature.

Prehospital care providers, base hospitals and trauma centers are required by contractual agreement with the LEMSA to implement and maintain an internal QA/QI process that meets LEMSA standards. Additionally, the LEMSA has established Policy S-004, Quality Assurance/Quality Improvement for the Prehospital EMS system.

The QCS is central to the system's QA/QI activities. This network serves as the primary database for all patient information and QA/QI documentation. QA/QI research and system trends as well as routine educational communication, are all managed through this system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.19 Policies, Procedures, Protocols

STANDARD:

1.19 Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to: a)triage, b)treatment, c)medical dispatch protocols, d)transport, e)on-scene treatment times, f)transfer of emergency patients, g)standing orders, h)base hospital contact, i)on-scene physicians and other medical personnel, and j)local scope of practice for prehospital personnel.

GUIDELINE(S):

Each local EMS agency should develop (or encourage the development of) prearrival/post dispatch instructions.

CURRENT STATUS:

The LEMSA has developed and implemented policies, procedures, and/or protocols as follows:

Triage

Policy S-140, Multiple Patient Incident Triage

Policy S-407, Appropriate Facility Triage Guidelines

Policy T-460, Identification and Transportation of the Trauma Center Candidate

Treatment

Policies A215-A217, A220-A240, A260-A271, A204, Advanced Air Medical

Policy P-104, ALS Skills List

Policy P-103, P-115-117, Medication List/Drug Chart, Inventory

Policy S-120-150, Adult Treatment Protocols

Policy S-160-173, Pediatric Treatment Protocols

Policy S-414, Do Not Resuscitate (DNR)

Medical Dispatch Protocols

Not developed by the LEMSA. Several dispatch agencies within the county have established dispatch protocols, which have been approved by the LEMSA Medical Director.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.19 Policies, Procedures, Protocols (continued)

Transport

Policy A-475, Aeromedical Support Utilization

Policy S-008, Inter-facility Transfers

Policy S-404, Treatment and Transport of Minors

Policy S-407, Triage to Appropriate Facility

Policy S-412, Consent for Prehospital Treatment and Transport

Policy S-415, Base Hospital Contact/Patient Transportation

On-scene Treatment Times

Not developed as a written policy. The LEMSA's QA/QI times process captures data that indicate when on-scene treatment times are excessive or otherwise negatively impact patient care.

Transfer of Emergency Patients

Policy D-420, Transfer of on-Scene Patient

Policy S-007, Transfer Agreements

Standing Orders:

Policy D-108, EMT AED/ETAD Standing Orders

Policy D-109, EMT/Public Safety-Defibrillation AED Standing Orders

Policy P-110, Adult ALS Standing Orders

Policy P-111, Adult Standing Orders for Communications Failure

Policy P-112, Pediatric ALS Standing Orders

Policy P-113, Pediatric Standing Orders for Communications Failure

Base Hospital Contact:

Policy P-405, Communications Failure

Policy S-415, Base Hospital Contract

On-scene Physician/Other Medical Personnel

Policy P-403, Physician at Scene

Local Scope of Practice for Prehospital Personnel

Policy P-401, EMT-P Scope of Practice

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.20 DNR Policy

STANDARD:

1.20 Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the prehospital hospital setting in accordance with the EMS Authority's DNR setting, in accordance with the EMS Authority's DNR guidelines.

CURRENT STATUS:

Policy S-414, Do Not Resuscitate (DNR) is in compliance with the EMS Authority's DNR Guidelines. The LEMSA was a leader in developing DNR policy and forms for state-wide use.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.21 Determination of Death

STANDARD:

1.21 Each local EMS agency, in conjunction with the county coroner(s), shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

CURRENT STATUS:

Policy S-402: Prehospital Determination of Death addresses issues regarding determination of death by prehospital care personnel. The policy was developed with the San Diego County Medical Examiner. Special procedures utilized for victims of suspected criminal acts, including preservation of evidence, are a required component of both EMT-I and EMT-P training programs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.22 Reporting of Abuse

STANDARD:

1.22 Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

CURRENT STATUS:

Policy S-411 addresses mechanisms for reporting suspected child abuse, dependent adult abuse, and elder abuse.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.23 Inter-facility Transfer

STANDARD:

1.23 The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during inter-facility transfers.

CURRENT STATUS:

Policy S-008 provides guidelines for ambulance transport of patients between acute care hospitals. It describes the types of ambulance services available for inter-facility transfer and the role of a base hospital, and defines the scope of practice of the EMT-I, EMT-P, and nurse staffed ambulances as they relate to the inter-facility transfer of patients.

The San Diego County EMS community has, thus far, reserved the EMT-Paramedic strictly for use within the emergency 9-1-1-system. Currently, no paramedics operate in a non-emergency role. The LEMSA has been approached in the past by private providers of ALS services with initial proposals for the expansion of the role of paramedics into the non-emergency, inter-facility arena. The LEMSA began a process of developing community consensus on this issue, and expected to define the role of the paramedic in interfacility transfer by mid 2000. However, concerns were expressed by the local jurisdictions to the LEMSA, and this issue was put on hold.

COORDINATION WITH OTHER EMS AGENCIES:

As defined in regulations, in the event of an inter-facility transfer over county lines, the medical personnel shall follow the scope of practice defined by the originating county. In addition, inter-county agreements exist between the County of San Diego and surrounding LEMSAs.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard; however, the community consensus process to redefine the role of the paramedic in inter-facility transfers is continuing.

TIME FRAME FOR OBJECTIVE:

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.23 Inter-facility Transfer

(continued)

[X] Long-range Plan (more than one year)

To support ALS provider agencies in their attempts to utilize paramedic personnel in a manner that is most efficient, resulting in a stronger EMS system. To monitor the impacts of any change in the role of the paramedic through the system-wide continuous quality improvement program.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Advanced Life Support

1.24 ALS System

STANDARD:

1.24 Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

GUIDELINE(S):

Each local EMS agency, based on State approval, should, when appropriate, develop exclusive operating areas for ALS providers.

CURRENT STATUS:

All ground ALS jurisdictions have been approved by the LEMSA and have written agreements with the LEMSA in the form of contractual agreements. These agreements delineate the exclusive operating areas for each ALS provider and require adherence to LEMSA policy, procedure and medical direction. The private agency that provides primary response rotor craft ALS services also meets strict written contractual requirements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Advanced Life Support

1.25 On-Line Medical Direction

STANDARD:

1.25 Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

GUIDELINE(S):

Each EMS system should develop a medical control plan, which determines:

- a) the base hospital configuration for the system,
- b) the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- c) the process for determining the need for in-house medical direction for provider agencies.

CURRENT STATUS:

The base hospitals provide on-line medical direction for all jurisdictions using County-authorized mobile intensive care nurses and base hospital physicians. The quality of on-line medical direction is reviewed routinely during the QA/QI process (Prehospital Audit Committee) and regularly by the LEMSA during base hospital surveys. The current base hospital configuration was determined by the Emergency Medical Care Committee and the County Board of Supervisors and was reviewed and approved by the Board in July 2005. The role of the base hospital is defined by contractual agreement. The following policies reflect the application/designation process. All bases are required to maintain 24-hour-a-day staffing of Mobile Intensive Care Nurse and Base Hospital Physician.

- P-701 EMT-Paramedic Base Hospital Designation
- T-710 Designation of a Trauma Center
- D-720 Designation of Emergency Medical Technician/Public Safety-Defibrillation Base Hospital

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Trauma Care System

1.26 Trauma System Plan

STANDARD:

- 1.26 The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:
- a) the optimal system design for trauma care in the EMS area, and
 - b) the process for assigning roles to system participants, including a process, which allows all eligible facilities to apply.

CURRENT STATUS:

The Emergency Medical Services Trauma Plan for San Diego County was approved by the EMS Authority in April 1990 and describes all aspects of the system in detail. A 2002 Trauma Plan was approved by the EMS Authority for approval. The plan will be revised and re-submitted with the 5 year EMS Plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan

STANDARD:

- 1.27 The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:
- a) the optimal system design for pediatric emergency medical and critical care in the EMS area, and
 - b) the process for assigning roles to system participants, including a process, which allows all eligible facilities to apply.

CURRENT STATUS:

Children's Hospital and Health Center serves as the primary pediatric resource for the County EMS system. It is the designated pediatric trauma facility and maintains the county's only pediatric emergency department. It is centrally located and its resources are adequate for the county's current population base. The EMS Pediatric Plan is incorporated in the EMS Trauma Plan and is supported by the following policies:

- S-407 Triage to Appropriate Facility
- T-460 Identification of the Trauma Center Candidate
- S-412 Treatment and Transport

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Exclusive Operating Area

1.28 EOA Plan

STANDARD:

1.28 The local EMS agency shall develop, and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines:

- a) the optimal system design for ambulance service and advanced life support services in the EMS area, and
- b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

CURRENT STATUS:

The LEMSA has developed and implemented a State-approved plan for granting exclusive operating areas for advanced life support throughout the county. Providers include cities, fire protection districts, county service areas, a water district, and a hospital district. The documentation of these exclusive operating areas exists in contracts between the providers and the County and is referenced in the San Diego County EMS Policies and Procedures Manual, P-801 and P-804.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for these standards.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- STAFFING/TRAINING

Local EMS Agency

2.01 Assessment of Needs

STANDARD:

2.01 The local EMS agency shall routinely assess personnel and training needs.

CURRENT STATUS:

San Diego County's personnel needs are assessed on an ongoing basis by individual BLS and ALS provider agencies. Identified needs brought to the attention of the LEMSA are assessed, addressed with the provider agencies, and resolved. County-wide training needs are assessed by the EMS Division, using input from training agencies (EMT-I, EMT-P), base hospitals, provider agencies and the Prehospital Audit Committee.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- STAFFING/TRAINING

Local EMS Agency

2.02 Approval of Training

STANDARD:

2.02 The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs, which require approval (according to regulations) and shall monitor them to ensure that they comply with State regulations.

CURRENT STATUS:

The LEMSA is responsible for review and approval of EMT-I, PS AED, ETAD and EMT-P education programs. EMT-I training programs are approved by the LEMSA for a four-year period upon successful demonstration of compliance with regulations. Three EMT-P programs are currently approved to conduct educational programs subject to review every two years. These EMS programs are approved and monitored by the LEMSA with regard to the following policies from the San Diego County EMS Policies and Procedures Manual:

- P-301 EMT-Paramedic Training Program Requirements and Procedures for Approval
- P-305 EMT-Paramedic Accreditation in San Diego County
- S-306 Designation of Authorized Providers of Continuing Education in San Diego County
- D-321 EMT/PS-Defibrillation Training Program Requirements
- D-322 EMT/PS-Defibrillation Accreditation
- B-351 EMT-I Training Programs

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- STAFFING/TRAINING

Local EMS Agency

2.03 Personnel

STANDARD:

2.03 The local EMS agency shall have mechanisms to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with State regulations. This shall include a process for prehospital providers to identify and notify the local EMS agency of unusual occurrences, which could impact EMS personnel certification.

CURRENT STATUS:

The LEMSA has adopted mechanisms in order to accredit, authorize, and certify prehospital EMS personnel. The following are located in the San Diego County EMS Policies and Procedures Manual:

- P-300 EMT-Paramedic Training Program Student Eligibility
- P-301 EMT-Paramedic Training Program Requirements and Procedures for Approval
- P-303 Mobile Intensive Care Nurse -Authorization/Reauthorization
- P-305 EMT-Paramedic Accreditation in San Diego County
- D-322 EMT/Public Safety Defibrillation Accreditation
- B-352 EMT-I Certification/Recertification
- S-004 Quality Assurance/Quality Improvement for the Prehospital Emergency Medical Services System
- S-012 Prehospital Emergency Medical Care Investigative Process

The QCS is the central repository for all credential data and provides routine reports on the status of the credentials of all EMS personnel.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- STAFFING/TRAINING

Dispatchers

2.04 Dispatch Training

STANDARD:

2.04 Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

GUIDELINE(S):

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS:

The PSAPs within the local EMS system are maintained by local public safety agencies and not directly by the LEMSA. The LEMSA Medical Director has reviewed the PSAP Medical Dispatch Guidelines of the three largest provider agencies and has determined that the training is in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines. All medical dispatch plans are reviewed and approved by the EMS Medical Director, and must be supervised by a licensed physician.

COORDINATION WITH OTHER EMS AGENCIES:

There is currently no known coordination of PSAPs with other EMS agencies.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet the standard.

SYSTEM ASSESSMENT -- STAFFING/TRAINING

First Responders (non-transporting)

2.05 First Responder Training

STANDARD:

2.05 At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

GUIDELINE(S):

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT-I level and have available equipment commensurate with such scope of practice.

CURRENT STATUS:

Approximately 98% of public safety agencies in the county have a minimum certification requirement of EMT-I. Through this certification and recertification process, personnel are trained beyond the level of first aid and CPR. As specified in Health and Safety Code, Division 2.5, Section 1797.182, all other public provider agencies are required to train their personnel to the minimum level. In addition, approximately 95% of non-transporting first responders use defibrillators.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- STAFFING/TRAINING

First Responders (non-transporting)

2.06 Response

STANDARD:

2.06 Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

CURRENT STATUS:

In San Diego County, public safety first aid teams, including fire, law enforcement and lifeguards, are integrated into local EMS planning, policies and procedures. Industrial first aid teams, including but not limited to National Steel and Ship Building Company, San Onofre Nuclear Generating Station, Sea World, San Diego Zoo and Wild Animal Park, are integrated into the local EMS system and are included in planning, disaster exercises and quality assurance activities.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- STAFFING/TRAINING

First Responders (non-transporting)

2.07 Medical Control

STANDARD:

2.07 Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

CURRENT STATUS:

Non-transporting EMS first responders, trained at the EMT-I and/or EMT/PS-D level, operate under medical direction policies, as specified in the San Diego County EMS Policies and Procedures Manual and approved by the LEMSA Medical Director.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- STAFFING/TRAINING

Transporting Personnel

2.08 EMT-I Training

STANDARD:

2.08 All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

GUIDELINE(S):

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS:

According to San Diego County Ambulance Ordinance 8572, Chapter 6, Section 610.601, which applies to emergency medical transport vehicles (ambulances), both driver and attendant are required to be EMT-I certified.

The rural areas not served by ground ALS utilize defibrillation-trained and capable first responders.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- STAFFING/TRAINING

Hospital

2.09 CPR Training

STANDARD:

2.09 All allied health personnel who provide direct emergency patient care shall be trained in CPR.

CURRENT STATUS:

All hospitals with basic and comprehensive emergency medical services submit to the permit process through the California Department of Health Services Licensing & Certification Division. These permits require allied health personnel to be trained in CPR. Allied health personnel serving in critical care transport ambulances or air ambulances are required to be CPR-certified per the local ambulance ordinance and the Air Medical Services Plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- STAFFING/TRAINING

Hospital

2.10 Advanced Life Support

STANDARD:

2.10 All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.

GUIDELINE(S):

All emergency department physicians should be certified by the American Board of Emergency Medicine.

CURRENT STATUS:

As specified in the contractual agreements between the LEMSA, trauma centers and base hospitals, all registered nurses are required to maintain current Advanced Cardiac Life Support (ACLS) certification and all base hospital physicians are required to have Board certification or eligibility in Emergency Medicine and ACLS certification. All hospitals with Basic Emergency Medical Services permits are Joint Commission on Accreditation of Healthcare Organizations (JCAHO)-approved. JCAHO requirements ensure compliance with this standard for ACLS training. Compliance is monitored as a component of the base hospital and trauma center contract renewal process.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- STAFFING/TRAINING

Enhanced Level: Advanced Life Support

2.11 Accreditation Process

STANDARD:

2.11 The local EMS agency shall establish a procedure for accreditation of advanced life support personnel, which includes orientation to system policies and procedures, orientation to the roles, and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

CURRENT STATUS:

The LEMSA has a procedure in place for San Diego County accreditation of EMT-P. The procedure includes an orientation to the local system and testing in any optional scope of practice for which the EMT-P has not been previously tested. Policies S-004 and P-305 refer to EMT-P Accreditation and Quality Assurance issues.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- STAFFING/TRAINING

Enhanced Level: Advanced Life Support

2.12 Early Defibrillation

STANDARD:

2.12 The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

CURRENT STATUS:

Policy D-322: Emergency Medical Technician/Public Safety-Defibrillation Accreditation defines the accreditation process for providers of EMT-D/Public Safety-D services.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- STAFFING/TRAINING

Enhanced Level: Advanced Life Support

2.13 Base Hospital Personnel

STANDARD:

2.13 All base hospital/alternative base station personnel who provide medical direction to prehospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

CURRENT STATUS:

All Mobile Intensive Care Nurses (MICNs) are authorized by the LEMSA, which also approves MICN instructional curriculum. The instruction is outlined in Policy P-303, Mobile Intensive Care Nurse Authorization/Reauthorization, and includes LEMSA policies and radio communication techniques and also is specifically addressed in the Base Hospital Contract, Statement of Work. Additionally, by contract, all base station physicians are required to have operational familiarity with the paramedic radio system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- COMMUNICATIONS

Communications Equipment

3.01 Communication Plan*

STANDARD:

3.01 The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

GUIDELINE(S):

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

CURRENT STATUS:

On June 1, 1998, the San Diego County EMS system transitioned to the County's Regional Communications System (RCS). This system is a digitally trunked 800 MHz (voice and data) radio system. All hospitals and EMS responders within San Diego County are on the system. All ALS units and BLS units (transport only) have the capability to communicate with both base hospitals and receiving hospitals within the County. Each of the seven base hospitals has two radios, one for ALS and one for BLS communications. All receiving hospitals have only the BLS radio. All ALS and BLS units have the capability to speak directly with any hospital, thereby eliminating the need to go through a third party as with the previous VHF system. All radios utilized within the system have a number of common mutual aid frequencies to allow for communication between various responders at any scene. All units have the ability to contact the Sheriff's Communication Center through a shared hailing talk group.

The QCS, is installed in 20 hospitals (all comprehensive and basic emergency facilities in the county) as well as dispatch agencies, and has "dial up" capability from remote sites such as fire stations and ambulance posting locations. The QCS has hospital polling software and emergency alert capability.

Cell phones and satellites are used by most agencies, including the LEMSA, as back up in disaster.

COORDINATION WITH OTHER EMS AGENCIES:

San Diego County communicates with OES Region VI, (San Bernardino, Imperial, Inyo, Mono and Riverside counties), as well as Orange and Los Angeles counties via email, fax, land, cellular and satellite telephones. It is used to interface with those counties and is used to link the EMS agencies and health officers.

SYSTEM ASSESSMENT -- COMMUNICATIONS

Communications Equipment

3.01 Communication Plan*

(continued)

NEED(S):

To interface develop radio communications between the counties in Region VI and with Orange and Los Angeles counties.

OBJECTIVE:

The LEMSA, acting in cooperation with the Regional Disaster Medical Health Coordinator committee, shall determine possible methods of interfacing with other counties in the region.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- COMMUNICATIONS

Communications Equipment

3.02 Radios

STANDARD:

3.02 Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

GUIDELINE(S):

Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provides for vehicle-to-vehicle (including both ambulance and non-transporting first responder units) communication.

CURRENT STATUS:

All emergency medical transport vehicles and non-transporting ALS responders are equipped with two-way radios. All EMS communications have transitioned to the Regional Communications System. 800 MHz digitally trunked radios are installed in all emergency medical transport vehicles and non-transporting ALS responder vehicles as well as all basic emergency facilities to allow for field-to-hospital communications.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None.

OBJECTIVE:

The LEMSA, in conjunction with system participants, shall continue to explore alternative communication systems, e.g., satellite or cellular systems, to enhance capabilities, especially in disaster situations.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- COMMUNICATIONS

Communications Equipment **3.03 Inter-facility Transfer***

STANDARD:

3.03 Emergency medical transport vehicles used for inter-facility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

CURRENT STATUS:

All ambulance vehicles have 800 MHz digitally trunked radios linked with the Regional Communications System. All receiving hospitals are equipped with the same radios for communication with ambulance vehicles (see 3.04).

COORDINATION WITH OTHER EMS AGENCIES:

All fire command and California Highway Patrol vehicles are equipped with the California Mutual Aid Coordination (CALCORD) radio frequencies. Many ambulances are also equipped with cellular or Personal Communication System (PCS) phones.

NEED(S):

To implement a mechanism of communication between all transporting units and out-of-county receiving hospitals.

OBJECTIVE:

The LEMSA shall encourage provider agencies to establish a mechanism for communication between all transporting vehicles and out-of-county receiving hospitals. The LEMSA in conjunction with system participants shall continue to explore alternative communication systems, e.g., satellite or cellular systems, to enhance capabilities, especially in disaster situations.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- COMMUNICATIONS

Communications Equipment

3.04 Dispatch Center

STANDARD:

3.04 All emergency medical transport vehicles where physically possible (based on geography and technology) shall have the ability to communicate with a single dispatch center or disaster communications command post.

CURRENT STATUS:

All emergency medical transport vehicles are equipped with a San Diego County Regional Communications System 800 MHz radio. These radios provide communications between the vehicles, base hospitals, receiving hospitals, and the County Communications Center. It is the primary mode of communications in a disaster.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- COMMUNICATIONS

Communications Equipment

3.05 Hospitals

STANDARD:

3.05 All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

GUIDELINE(S):

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

CURRENT STATUS:

All hospitals designated as emergency facilities are equipped with the San Diego County Regional Communications System (RCS). Trauma, pediatric, and burn centers have this system as well. The RCS allows all of the hospitals to talk with each other, and with public safety assets in the field.

COORDINATION WITH OTHER EMS AGENCIES:

Accomplished via telephone, fax and e-mail.

NEED(S):

Standard met.

OBJECTIVE:

No further objectives needed to meet standard.

SYSTEM ASSESSMENT -- COMMUNICATIONS

Communications Equipment

3.06 MCI/Disasters

STANDARD:

3.06 The local EMS agency shall review communications linkages among providers (prehospital and hospital in its jurisdiction) for their capability to provide service in the event of multi-casualty incidents and disasters.

CURRENT STATUS:

The facilitating base hospitals conduct weekly radio checks on a rotating basis with their satellite hospitals and ambulance agencies to verify the operational status of the RCS 800 MHz radio system. The audio transmissions of selected hospitals verify both receiving and transmitting capabilities of the LEMSA remote transmitters and hospitals.

The QCS is designed as a constant polling system. Hospitals equipped with QCS are electronically polled every fifteen seconds. QCS operates in real time on a wide area network. Dedicated and modem "dial up" access is available to field providers in their posting locations, dispatch centers and at other access points.

The LEMSA maintains a continuous communication systems survey using communication problem report cards. The communication survey is reviewed by the LEMSA, County radio engineering and private communication vendors to identify and correct any communication problems. The LEMSA has established as a component of the medical mass casualty plan an alternate communications plan wherein Amateur Radio Emergency System (ARES) volunteers respond to hospitals and other medical treatment sites to facilitate communication.

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA and health officer have the ability to communicate with their counterparts in Region VI, through the Regional Disaster Medical/Health Coordinator. This includes: San Bernardino, Imperial, Riverside, Mono, and Inyo counties. Linkages to Los Angeles and Orange counties are being developed. The Emergency Operations Center has the ability to communicate with all neighboring counties. The Regional Disaster Medical Health Coordinator (RDMHC) is exploring the feasibility of a satellite system to link all counties in Region VI for disaster coordination.

SYSTEM ASSESSMENT -- COMMUNICATIONS

Communications Equipment

3.06 MCI/Disasters

(continued)

NEED(S):

Standard met.

OBJECTIVE:

No further objectives needed to meet standard.

SYSTEM ASSESSMENT -- COMMUNICATIONS

Public Access

3.07 9-1-1 Planning/Coordination

STANDARD:

3.07 The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

GUIDELINE(S):

The local EMS agency should promote the development of enhanced 9-1-1 systems.

CURRENT STATUS:

The 9-1-1 call is received at one of eleven public safety answering points in the county and routed to the responsible agency (police, fire or medical aid). In the case of medical aid, some jurisdictions have dispatchers trained to determine the gravity of the caller's complaint and the level of response required. Most jurisdictions, however, are not set up for tiered dispatch and therefore respond to all requests for medical aid at the ALS level. Public telephone access is free and information on obtaining emergency help is provided in English and Spanish on call boxes. Other languages are handled by the dispatcher who has access to translation assistance. Provision is made for those who are deaf or mute via TTY and TDD services.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- COMMUNICATIONS

Public Access

3.08 9-1-1 Public Education

STANDARD:

3.08 The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

CURRENT STATUS:

Provider agreements mandate that all EMS system participants implement a community education program, which includes CPR instruction, 9-1-1 access, and other topics. Bumper stickers are affixed to public safety vehicles (police, fire, rescue) instructing the public on the 9-1-1 emergency system. Telephone directories provide information in the common languages spoken in the area on what to do in emergencies. Signs in buildings such as restaurants, airports and malls are posted in public areas instructing on the use of the 9-1-1 system. Television (including cable services), radio, newspapers and billboards provide public service announcements to educate and inform the public.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To expand education for the public on what non-emergency services are available in the community.

OBJECTIVE:

The LEMSA, in conjunction with other system participants, shall work to create an updated brochure describing 9-1-1 services and alternate non-emergency transportation (e.g., Dial-A-Ride, Red Cross "Wheels," etc.).

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- COMMUNICATIONS

Resource Management

3.09 Dispatch Triage

STANDARD:

3.09 The local EMS agency shall establish guidelines for proper dispatch triage, which identifies appropriate medical response.

GUIDELINE(S):

The local EMS agency should establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

CURRENT STATUS:

The public safety answering points (PSAPs) within the local EMS system are maintained by local public safety agencies and not directly by the LEMSA. The LEMSA Medical Director has reviewed the PSAP Medical Dispatch Guidelines of the EMD provider agencies to ensure medical appropriateness and has determined that the training is in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

The LEMSA is awaiting State communication plans that will allow the LEMSA to regulate training and triage.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To establish LEMSA guidelines for proper dispatch triage, which identify appropriate medical response, based on current practice and community standards.

OBJECTIVE:

In conjunction with system participants, the LEMSA shall develop guidelines for dispatch triage.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- COMMUNICATIONS

Resource Management

3.10 Integrated Dispatch

STANDARD:

3.10 The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

GUIDELINE(S):

The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

CURRENT STATUS:

The local EMS system utilizes several PSAPs to dispatch ambulances within the County. Every ambulance has a regional communications system radio for hospital and disaster coordination. The RCS is an 800 trunked system with several standardized talk groups.

COORDINATION WITH OTHER EMS AGENCIES:

Local communication frequency allocation and communication systems are developed in coordination with surrounding EMS agencies to decrease the potential for communication interference.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.01 Service Area Boundaries*

STANDARD:

4.01 The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

GUIDELINE(S):

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

CURRENT STATUS:

The San Diego County Ambulance Ordinance 9668 (amended from 8787) is in effect. ALS and BLS providers permitted in San Diego County may transport patients from locations within San Diego County to points both within and outside the county borders. Ambulance response zones are generally determined by the boundaries of the jurisdiction providing primary service; however, all agencies participate in mutual aid agreements so that these boundaries may be crossed to deliver service.

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA coordinates with appropriate cities, fire protection districts, hospital districts, Contract Service Areas (CSA's) and Paramedic Districts within San Diego County. In addition, agreements exist between the County of San Diego and the counties of Imperial, Orange and Riverside.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level **4.02 Monitoring**

STANDARD:

4.02 The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

GUIDELINE(S):

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

CURRENT STATUS:

The County of San Diego has enacted an ordinance that defines minimum standards for licensure of private emergency medical transport service operators (San Diego County Ambulance Ordinance 9668). Standards include response time parameters, licensure and certification of ambulance personnel, inspection and licensure of ambulance vehicles, service requirements and required insurance coverage. In addition, the LEMSA has agreements with exclusive operating area ALS providers that reinforce ordinance standards and further define ambulance service requirements. Emergency medical transportation services are monitored at least annually, including review of response time records, administrative responsibilities, personnel licensure, certifications, and vehicle records.

Exclusive operating area agreements require operators to prepare, retain, and make available for inspection, review, and photocopying, if necessary, such ambulance and emergency medical services records as are required of ambulance and prehospital emergency care operators by the California Highway Patrol, Division 2.5 of the Health & Safety Code, the California Code of Regulations, and the San Diego County EMS Policies and Procedures.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for these standards.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.03 Classifying Medical Requests

STANDARD:

4.03 The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

CURRENT STATUS:

Policy S-415, Base Hospital Contact, Patient Transportation and Report, is the basis for classifying emergency medical requests. Those chief complaints or patient circumstances described in this policy are considered "emergent or urgent" for purposes of determining need for ALS response. Those chief complaints or patient circumstances not identified in this policy are considered "non-emergent" and may be responded to by BLS level personnel. This is considered the basis for tiered level dispatch application.

COORDINATION WITH OTHER EMS AGENCIES:

Not required for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.04 Pre-scheduled Responses

STANDARD:

4.04 Service by emergency medical transport vehicles, which can be pre-scheduled without negative medical impact, shall be provided only at levels that permit compliance with local EMS agency policy.

CURRENT STATUS:

Pre-scheduled emergency medical transport is provided by private ambulance companies in San Diego County. Policies S-007, Transfer Agreements, and S-008, Inter-facility Transfers-Levels of Care, outline the parameters that must be followed for inter-facility transports. EMT-I's and EMT-P's may not exceed their scope of practice as outlined in Policy S-008. In the event a patient requires care greater than an EMT-P's scope of practice, Policy S-008 mandates that a critical care transport ambulance be staffed with clinical personnel (registered nurse, respiratory therapist, physician, etc.) appropriate to the requirements of the patient, as determined by the transferring physician in consultation with the receiving physician. Currently, paramedic-staffed ambulances are reserved exclusively for the 9-1-1 transport system including emergent inter-facility transport when critical care transport (CCT) is not available in a timely manner.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet this standard.

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.05 Response Time Standards*

STANDARD:

4.05 Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.

GUIDELINE(S):

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses:

- a) the response time for a basic life support and CPR capable first responder does not exceed:
Metro/urban--5 minutes
Suburban/rural--15 minutes
Wilderness--as quickly as possible
- b) the response time for an early defibrillation-capable responder does not exceed:
Metro/urban--5 minutes
Suburban/rural--as quickly as possible
Wilderness--as quickly as possible
- c) the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed:
Metro/urban--8 minutes
Suburban/rural--20 minutes
Wilderness--as quickly as possible
- d) the response time for an EMS transportation unit (not functioning as the first responder) does not exceed:
Metro/urban--8 minutes
Suburban/rural--20 minutes
Wilderness--as quickly as possible

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.05 Response Time Standards*

(continued)

CURRENT STATUS:

The LEMSA has established the following response time standards:

Transporting ALS Responder (except within the City of San Diego):

- Urban/Suburban 10 minute response, 90% of the time
- Rural 30 minute response, 90% of the time

ALS First Responder (except City of San Diego):

- Urban/Suburban 10 minute response, 90% of the time

City of San Diego:

- ALS First Responder 8 minute response, 90% of the time
- ALS Transport Unit 12 minute response, 90% of the time

BLS First Responder - (CPR capable)

- No standard set

Some ALS jurisdictions have established their own response time standards that are more stringent than the County standard.

Response time data are gathered via the County's Prehospital Patient Record (optically scanned form or via computerized QCS system). The data are compiled and published quarterly.

COORDINATION WITH OTHER EMS AGENCIES:

Unless requested to provide mutual aid to one of the surrounding counties, provider agencies do not routinely respond to other counties. Therefore, it has been unnecessary to establish response time standards across county borders.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT – RESPONSE/TRANSPORTATION

Universal Level

4.06 Staffing

STANDARD:

4.06 All emergency medical transport vehicles shall be staffed and equipped according to current State and local EMS agency regulations and appropriately equipped for the level of service provided.

CURRENT STATUS:

The LEMSA developed the following policies to establish minimum equipment and staffing requirements:

- P-801 Designation of Providers of ALS Service
- P-804 Alternate EMT-Paramedic Service Provider Application/Designation
- P-805 ALS First Responder Units
- B-833 BLS Ground Ambulance Vehicle Requirements
- S-835 Requirements for Ground Critical Care Transport Services
- B-850 Basic Life Support Ambulance Service Provider Requirements
- A-875 Aeromedical Classification

In addition, the LEMSA has instituted the San Diego County Ambulance Ordinance and the San Diego County Air Medical Services Plan to further delineate the minimum requirements for staffing and equipping emergency medical transport vehicles. Compliance is ensured through annual and unannounced inspections.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT – RESPONSE/TRANSPORTATION

Universal Level

4.07 First Responder Agencies

STANDARD:

4.07 The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

CURRENT STATUS:

All fire, public safety and industrial first responders are integrated into the system at BLS, BLS ETAD, or ALS levels. The LEMSA works with these agencies to approve training programs where required. The LEMSA also coordinates system QA/QI on incidents when multiple first responder agencies are present. All first responder agencies are offered participation in disaster and mass casualty incident planning and exercises.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT – RESPONSE/TRANSPORTATION

Universal Level

4.08 Medical & Rescue Aircraft*

STANDARD:

- 4.08 The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:
- a) authorization of aircraft to be utilized in prehospital patient care,
 - b) requesting of EMS aircraft,
 - c) dispatching of EMS aircraft,
 - d) determination of EMS aircraft patient destination,
 - e) orientation of pilots and medical flight crews to the local EMS system, and
 - f) addressing and resolving formal complaints regarding EMS aircraft.

CURRENT STATUS:

The LEMSA has implemented the San Diego County Air Medical Services Plan and the following Policies:

- A-200 – A273 Air Medical Treatment Protocols
- A-475 Air Medical Support Utilization
- A-875 Air Medical Classification
- A-876 Air Medical Dispatch Center Designation
- A-877 Air Medical Service Provider Authorization
- S-004 Quality Assurance/Improvement for the Prehospital Emergency Medical Services System
- S-407 Triage to Appropriate Facility

The documents referenced above encompass aircraft classification, including definitions of air ambulances and rescue aircraft, type of personnel aboard the aircraft and their training requirements, as well as the EMS provider agencies, and back-up provider agencies. Patient destination is determined by the initial base hospital directing the patient's care and is consistent with Policy S-407, Triage to Appropriate Facility, providing the receiving facility has a licensed heliport or designated landing site. The pilot in command approves all response destinations with respect to safety factors.

The Air Medical Services Plan and policies listed above also describe the general provisions for EMS aircraft operations in the county and establish the minimum standards for the integration of EMS aircraft and personnel into the LEMSA's prehospital patient transport system. This includes the designation of EMS aircraft providers within the jurisdiction of the LEMSA. Record keeping and quality improvement requirements are also covered.

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.08 Medical & Rescue Aircraft*

(continued)

COORDINATION WITH OTHER EMS AGENCIES:

Inter-county agreements currently exist between San Diego County and the following jurisdictions:

- Imperial County
- Inyo County
- Mono County
- Orange County
- Riverside County
- San Bernardino County

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.09 Air Dispatch Center

STANDARD:

4.09 The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

CURRENT STATUS:

The LEMSA has defined the criteria and the process for designated dispatch centers for the coordination of air ambulances and rescue aircraft in Policy A-876, Air Medical Dispatch Center Designation. This is also covered in provider contracts in the Statement of Work for air medical service providers. A dispatch center for EMS helicopters has been designated.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.10 Aircraft Availability*

STANDARD:

4.10 The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

CURRENT STATUS:

The authorization process for medical and rescue aircraft for emergency patient transport is specified in Policy A-475, Air Medical Support Utilization and Policy A-877, Air Medical Service Provider Authorization. This policy specifies that aeromedical service providers will have a contractual agreement with the LEMSA and obtain a County ambulance permit. Staffing and availability of medical and rescue aircraft are identified in Policy A-877 and the San Diego County EMS Air Medical Services Plan.

COORDINATION WITH OTHER EMS AGENCIES:

Air medical resources in Southern California have been researched and catalogued. The twenty-four hour air medical dispatch center monitors the availability of EMS helicopters in the region.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.11 Specialty Vehicles*

STANDARD:

4.11 Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

GUIDELINE(S):

The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles in areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

CURRENT STATUS:

The LEMSA has identified resources that provide specialty vehicles. These include a variety of all-terrain vehicles through the County of San Diego Sheriff's search and rescue team as well as a variety of water craft available from the United States Coast Guard and lifeguard agencies. A swift water rescue team is also available with appropriate equipment and water craft. These vehicles are available to all jurisdictions in San Diego County and may be accessed through the Sheriff's Communications Center.

COORDINATION WITH OTHER EMS AGENCIES:

Inter-county agreements currently exist between San Diego County and the following jurisdictions:

- Imperial County
- Inyo County
- Mono County
- Orange County
- Riverside County
- San Bernardino County

NEED(S):

No further objective needed to meet standard.

OBJECTIVE:

Standard met.

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.12 Disaster Response

STANDARD:

4.12 The local EMS agency, in cooperation with the local Office of Emergency Services (OES), shall plan for mobilizing response and transport vehicles for disaster.

CURRENT STATUS:

Primary provider agencies are prepared to mobilize response and transport vehicles in a disaster and have mutual aid plans in place. Should additional transport vehicles be required, the Emergency Operations Center is prepared to provide vehicles from the County's fleet, from private agencies with which contracts are in place, and from other operational areas in the Regional Disaster Medical/Health (RDMH) Region VI.

COORDINATION WITH OTHER EMS AGENCIES:

Along with the State Mutual Aid Plan, a formal agreement with other operational areas in Regions VI has been developed. Medical/health mutual aid is coordinated via the Office of Emergency Services, Region VI, RDMH Coordinator (currently San Bernardino County).

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.13 Inter-county Response*

STANDARD:

4.13 The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

GUIDELINE(S):

The local EMS agency should encourage and coordinate development of mutual aid agreements that identify financial responsibility for mutual aid responses.

CURRENT STATUS:

Paramedic inter-county agreements permitting response of emergency medical transport vehicles and EMS personnel are currently in place. The LEMSA is a participant in an agreement for medical/health mutual aid between the counties in Office of Emergency Services (OES) Region VI. An OES inter-region agreement is currently under development between OES Regions VI and I.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination meetings are held quarterly and agreements are reviewed at three- to five-year intervals. No further coordination with other EMS agencies has been required.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet this standard.

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level

4.14 Incident Command System

STANDARD:

- 4.14 The local EMS agency shall develop multi-casualty response plans and procedures, which include provisions for on-scene medical management, using the Incident Command System.

CURRENT STATUS:

The LEMSA has developed the San Diego County Emergency Plan "Annex D" Medical Multi-Casualty Plan as a component of the Operational Area Emergency Plan that provides for on-scene medical management, using the Incident Command System. Primary provider agencies throughout San Diego County have adopted the Incident Command System for routine operations as well as multi-casualty incidents. Additionally, San Diego County, through the Office of Disaster Preparedness, has implemented the Standardized Emergency Management System countywide.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet this standard.

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Universal Level
4.15 MCI Plans

STANDARD:

4.15 Multi-casualty response plans and procedures shall utilize State standards and guidelines.

CURRENT STATUS:

The San Diego County Emergency Plan "Annex D" Medical Multi-Casualty Plan utilizes State standards and guidelines based on the Standardized Emergency Management System.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet this standard.

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Enhanced Level: Advanced Life Support

4.16 ALS Staffing

STANDARD:

4.16 All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person certified at the EMT-I level.

GUIDELINE(S):

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member.

On any emergency ALS unit that is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

CURRENT STATUS:

The LEMSA's Policy P-801, Designation of Providers of ALS Service, defines mobile intensive care unit staffing as a minimum of two licensed EMT-Paramedics. If a jurisdiction implements an ALS first response system, the transport units may be staffed with one EMT-Paramedic and one EMT-I. Allowable exceptions may be made under Policy P-804, Alternate EMT- Paramedic Service Provider Application/Designation, in order to encourage the establishment of new ALS services in low population density areas that have demonstrated hardship in establishing services at the community standard of care. This policy allows an ALS ambulance to be staffed with one EMT-Paramedic and one EMT-I without ALS first response.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Enhanced Level: Advanced Life Support

4.17 ALS Equipment

STANDARD:

4.17 All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

CURRENT STATUS:

The LEMSA has developed the following policies to assure that all emergency ALS ambulances are appropriately equipped:

- S-103 BLS/ALS Ambulance Inventory
- P-114 Mobile Intensive Care Unit Inventory-Pediatric

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Enhanced Level: Ambulance Regulation

4.18 Compliance

STANDARD:

4.18 The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

CURRENT STATUS:

The County of San Diego has established an ambulance ordinance that regulates ambulance transportation in the unincorporated parts of the county. Many of the incorporated cities in the county have adopted the County Ambulance Ordinance. Additionally, the LEMSA has written agreements with exclusive operating areas for Advanced Life Support providers. All EMS transportation agencies are required to comply with applicable policies and procedures regarding system operations and clinical care through contractual agreements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits

4.19 Transportation Plan

STANDARD:

4.19 Any local EMS agency, which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses:

- 1) minimum standards for transportation services,
- b optimal transportation system efficiency and effectiveness, and
- c) use of a competitive process to ensure system optimization.

CURRENT STATUS:

The LEMSA developed a body of policies and procedures that includes minimum standards for ALS transportation services. Minimum standards include: response time parameters; simultaneous dispatch of transport personnel with ALS personnel; adequate number of vehicles to meet community needs and standards; response locations and personnel. The plan provides for efficient and effective transportation and uses a competitive bidding process to ensure system optimization in those jurisdictions that are not grandfathered.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits

4.20 "Grandfathering"

STANDARD:

4.20 Any local EMS agency that desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

CURRENT STATUS:

The LEMSA developed "grandfather" agreements for those jurisdictions that had continued the use of existing providers operating within a local EMS area at the same level of service that had been provided without interruption since January 1, 1981.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet this standard.

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits

4.21 Compliance

STANDARD:

4.21 The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

CURRENT STATUS:

The LEMSA has developed a monitoring instrument that documents each provider's compliance with the administrative and service requirements of its exclusive operating area agreement(s). All emergency medical service providers are required to send the EMS agency prehospital patient records that document the providers' response, treatment and, if applicable, transport of patients. The providers are monitored through periodic review of the reports. Failure to comply may result in ALS service agreement revocation.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits

4.22 Evaluation

STANDARD:

4.22 The local EMS agency shall periodically evaluate the design of exclusive operating areas.

CURRENT STATUS:

The LEMSA establishes exclusive operating areas for primary response, emergency advanced life support services only. These exclusive operating areas are established by contract with jurisdictions and are defined by their individual jurisdictional boundaries. The LEMSA periodically reviews these contracts. The following page outlines the current EOA jurisdictional boundaries.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for these standards.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

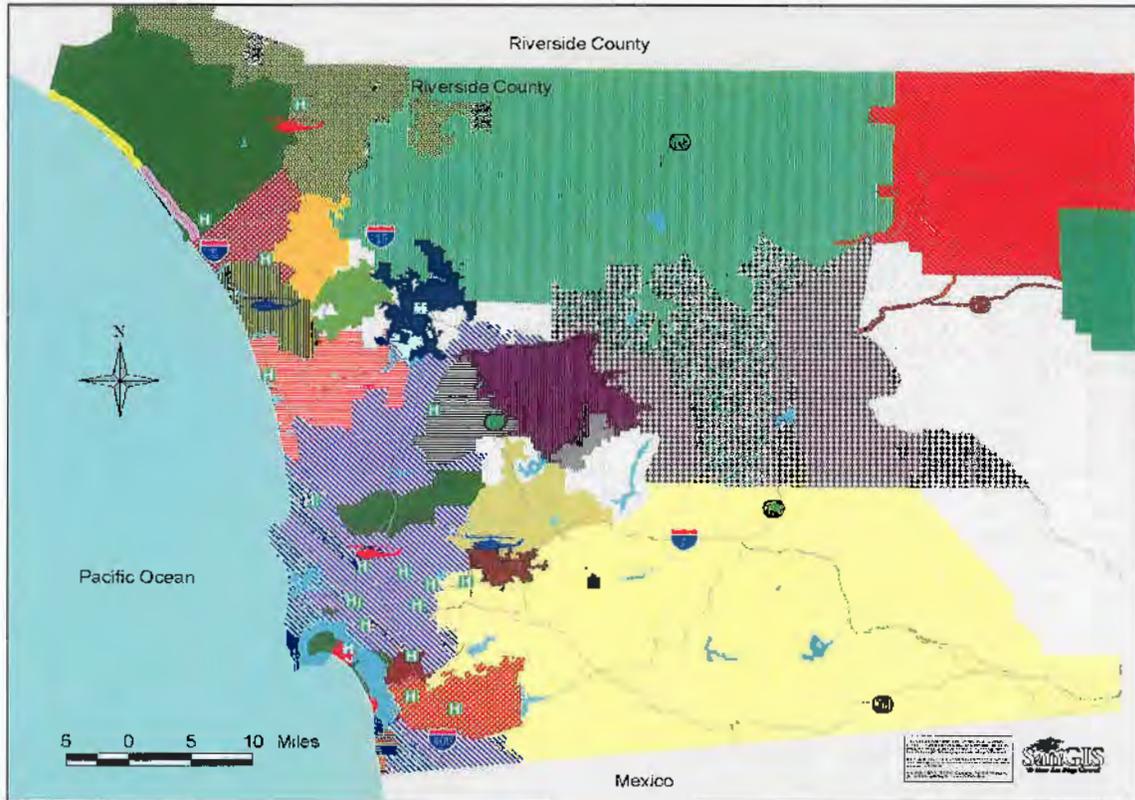
System Assessment- Response/Transportation

Enhanced Level: Exclusive Operating Permits

4.22 Evaluation

EXCLUSIVE OPERATING AREAS- MAP OF JURISDICTIONAL BOUNDARIES

**San Diego County
with Ambulance Service Areas and Emergency Hospital Facilities**



- Mercy Air Base
- Fire Rescue Holo Base
- Emergency Hospital
- Julian_Cuyamaca Fire
- El Cajon Fire
- West Shore Ambulance
- Borrego Springs Fire
- Escondido Fire
- Chula Vista AMR
- San Marcos Fire
- South I-5 Service
- Orange County
- Federal Ambulance
- Imperial Beach AMR
- Sycuan Reservation Fire
- Grossmont AMR
- National City AMR
- Poway Fire
- Carlsbad Fire
- Barona Reservation Fire
- CSA 69 Lakeside_Santee Fire
- Ramona Area CDF
- North County Fire
- Valley Center Mercy Ambulance
- Coronado City Fire
- CSA 17 SDMSE
- Oceanside Fire
- San Diego City Fire
- Vista Fire
- Covered by Mutual Aid

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Universal Level

5.01 Assessment of Capabilities

STANDARD:

5.01 The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area.

GUIDELINE(S):

The local EMS agency should have written agreements with acute care facilities in its service area.

CURRENT STATUS:

The LEMSA assesses and periodically reassesses EMS-related capabilities of acute care facilities. The LEMSA has written agreements with Trauma Centers and Base Hospitals to provide prehospital medical direction and specialty medical service. The LEMSA operates the QCS, a wide area network which has a twenty-four hour system status monitoring function which updates hospital receiving capability and other data every fifteen seconds.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Universal Level

5.02 Triage & Transfer Protocols*

STANDARD:

5.02 The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

CURRENT STATUS:

The LEMSA has established prehospital triage protocols and transfer agreements as follows:

- S-407 Triage to Appropriate Facility
- T-460 Identification of the Trauma Center Candidate
- S-124 Burns
- S-132 Near Drowning/Scuba
- S-007 Transfer Agreements

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA cooperates with Imperial County for the co-designation of Children's Hospital as a pediatric trauma center.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Universal Level

5.03 Transfer Guidelines*

STANDARD:

5.03 The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

CURRENT STATUS:

The LEMSA has developed policies for transporting patients from the field to appropriate hospitals (e.g., trauma, burns, neuro, patients requiring hyperbaric therapy). Furthermore, the LEMSA has established guidelines for transfers between hospitals. The San Diego County EMS Policies and Procedures Manual provides for such transfers under Protocols S-007, Transfer Agreements, and S-008, Inter-facility Transfers, Levels of Care. Additionally, trauma centers and base hospitals are required to follow transfer guidelines by contractual agreement with the LEMSA.

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA cooperates with Imperial County for the co-designation of Children's Hospital as a pediatric trauma center. The LEMSA has inter-county agreements with neighboring counties designed to promote the routing of patients to the closest facility equipped and staffed to meet their needs, traveling across county lines if necessary.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Universal Level

5.04 Specialty Care Facilities*

STANDARD:

5.04 The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

CURRENT STATUS:

While the LEMSA does not designate or monitor receiving hospitals, it does designate and monitor base hospitals, EMT/PS-D base hospitals, adult trauma centers and the pediatric trauma center. The LEMSA designates and monitors these specialty care facilities through contractual agreements and the following policies in the San Diego County EMS Policies and Procedures Manual:

- P-701 EMT-Paramedic Base Hospital Designation
- P-702 Dedesignation of an EMT-Paramedic Base Hospital
- T-710 Designation of a Trauma Center
- T-711 Dedesignation of a Trauma Center
- D-720 EMT/PS-D Base Hospital Designation
- D-721 Quality Assurance for EMT/PS-Defibrillation
- S-004 Quality Assurance/Improvement for the Prehospital Emergency Medical Services System
- S-015 Medical Audit Committee on Trauma

COORDINATION WITH OTHER EMS AGENCIES:

Inter-county agreements currently exist between San Diego County and Imperial County, Orange County, Inyo County, Riverside County, Mono County, and San Bernardino County.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Universal Level

5.05 Mass Casualty Management

STANDARD:

5.05 The local EMS agency shall encourage hospitals to prepare for mass casualty management.

GUIDELINE(S):

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

CURRENT STATUS:

All basic emergency facilities in San Diego County have a direct communication link with the LEMSA through the Sheriff's Communication Center (SCC). When a mass casualty incident occurs, the SCC is apprised of the incident by the Incident Commander or the facilitating base hospital. The facilitating base hospital immediately collects bed availability information from receiving hospitals and provides assistance to field personnel as to appropriate patient destination. The facilitating base informs hospitals of the patients being transported to each receiving hospital. The objective of this system is to avoid overloading any particular receiving facility when others could handle an additional patient volume.

The Incident Command System has been adopted by all public provider agencies and all private ambulance providers in San Diego County to ensure organized, efficient care of victims of mass casualty incidents. The Standardized Emergency Management System has been implemented. The San Diego County Emergency Plan, Annex D, Medical Multi-Casualty Plan, defines the role of provider agencies, facilitating base hospitals and receiving hospitals during multiple victim incidents. The LEMSA sponsors and/or facilitates training and exercise activities for prehospital providers and hospitals throughout the year. After action, QA/QI services are also provided for all multi-casualty incidents.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Universal Level

5.06 Hospital Evacuation*

STANDARD:

5.06 The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

CURRENT STATUS:

The LEMSA, through the Sheriff's Communication Center, is able to rapidly assess patient care capability throughout San Diego County. If a hospital needs either full or partial evacuation, the Sheriff's Communication Center contacts the private ambulance coordinator to arrange for the transfer and transport of evacuated patients to other facilities. An EMS duty officer is on call 24 hours per day to monitor all mass casualty incidents, and can initiate and coordinate the hospital evacuation protocol. The LEMSA staff monitors and coordinates patient movements.

COORDINATION WITH OTHER EMS AGENCIES:

Existing plans provide that, if a hospital within San Diego County needs evacuation, the LEMSA will attempt to place patients in hospitals within San Diego County first. In a civil emergency of significant scope, the Regional Disaster Medical/Health Coordinator of Region VI would be contacted to assist with transferring patients to other counties and the National Disaster Medical System can be used.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Advanced Life Support

5.07 Base Hospital Designation*

STANDARD:

5.07 The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of prehospital personnel.

CURRENT STATUS:

The LEMSA has an organized base hospital system that currently includes seven facilities located throughout the county. The process for designation is based on a hospital's capability to perform specified EMS functions as defined in Section 1797.67 of the California Health & Safety Code. There are also base hospital contractual agreements in place for each of the designated facilities. The mechanism for establishing base hospitals is found in the San Diego County EMS Policies and Procedures Manual as follows:

- P-701 EMT-Paramedic Base Hospital Designation
- D-720 EMT/PS-Defibrillation Base Hospital Designation

COORDINATION WITH OTHER EMS AGENCIES:

Inter-county agreements currently exist between San Diego County and Imperial County, Inyo County, Mono County, Orange County, Riverside County, and San Bernardino County.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Trauma Care System

5.08 Trauma System Design

STANDARD:

- 5.08 Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:
- a) the number and level of trauma centers (including the use of trauma centers in other counties),
 - b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
 - c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
 - d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
 - e) a plan for monitoring and evaluation of the system.

CURRENT STATUS:

Based on a system assessment performed by the County of San Diego Board of Supervisors, the Health Care Association of San Diego and Imperial Counties, and the San Diego County Medical Society, the Trauma Management System was implemented on August 1, 1984. This Trauma Management System includes:

- 1) The designation of five geographically distributed adult trauma centers and one centrally located pediatric trauma center. At least two of the adult trauma centers are designated as Level I trauma facilities. Policies T-710 and T-711 provide the processes for designation and dedesignation of trauma centers.
- 2) The establishment by the LEMSA of trauma catchment areas. The trauma catchment guidelines are based upon population, location and geographic considerations. The LEMSA maintains responsibility for adjusting these areas as circumstances require.

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Trauma Care System

5.08 Trauma System Design

(continued)

- 3) The development of policies to identify patients who should be triaged or transferred to a designated trauma center. These policies are found in the San Diego County EMS Policies and Procedures Manual. Policies T-460 identifies adult and pediatric trauma center candidates. Policy S-407 provides for the transfer of patients to specialty care facilities.
- 4) The establishment of the role of non-trauma center hospitals with emphasis on coordination with trauma centers for the management of trauma patients. Policy T-714 provides for trauma consultation with community physicians.
- 5) The establishment of a Quality Assurance Committee. On June 5, 1984, the County of San Diego Board of Supervisors directed the Department of Health Services to establish an ongoing Quality Assurance Committee (currently known as the Medical Audit Committee) "consisting of Department staff and clinical experts, to monitor, evaluate and report on the necessity, quality and level of trauma care services." The trauma medical audit process provides the opportunity for a wide range of local trauma system participants to come together in a confidential, multi-disciplinary forum that monitors and evaluates the system.

A 2002 Trauma Plan has been approved by the EMS Authority. The plan will be revised and re-submitted with the 5-year EMS plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Trauma Care System

5.09 Public Input

STANDARD:

5.09 In planning its trauma care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

CURRENT STATUS:

The San Diego County Trauma Management Plan was developed by the Hospital Council of San Diego and Imperial Counties and the County Medical Society, with input from the Emergency Medical Care Committee (EMCC). In October 1983, with support and direction from the County of San Diego Board of Supervisors, the Department of Health Services created an ad hoc Trauma Advisory Task Force to assist in the review and evaluation of the Hospital Council-Medical Society Trauma Plan. The advisory group of outside trauma experts conducted public hearings, and convened informal sessions with in-hospital and prehospital trauma providers to develop recommendations for the Department and the Board of Supervisors. On August 1, 1984, the current trauma management system was implemented. Ongoing system planning continues to receive input from the EMCC and multiple advisory committees and subcommittees. A 2002 Trauma Plan has been approved by the EMS Authority. The plan will be revised and re-submitted with the 5-year EMS plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10 Pediatric System Design

STANDARD:

5.10 Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- a) the number and role of system participants, particularly of emergency departments,
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- d) identification of providers who are qualified to transport such patients to a designated facility,
- e) identification of tertiary care centers for pediatric critical care and pediatric trauma,
- f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- g) a plan for monitoring and evaluation of the system.

CURRENT STATUS:

San Diego County is served by a single facility at Children's Hospital for pediatric emergency medical and critical care. The LEMSA has dedicated Protocols S-160 through S-172 in the San Diego County EMS Policies and Procedures Manual as pediatric treatment protocols. Additionally, the following policies provide for transport of pediatric patients to appropriate treatment facilities:

- S-407 Triage to Appropriate Facility
- T-460 Identification of the Trauma Center Candidate

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10 Pediatric System Design

(continued)

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met for pediatric trauma.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.11 Emergency Departments

STANDARD:

- 5.11 Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:
- a) staffing,
 - b) training,
 - c) equipment,
 - d) identification of patients for whom consultation with a pediatric critical care center is appropriate,
 - e) quality assurance
quality improvement, and
 - f) data reporting to the local EMS agency.

GUIDELINE(S):

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

CURRENT STATUS:

An EMS-C Advisory Board Committee has developed voluntary Emergency Department Pediatric Guidelines. These guidelines provide uniform administrative, personnel, quality improvement, policy and equipment and supply guidelines for the care of pediatric patients. These are not practice standards, but are intended to serve as a reference for hospitals for purposes of emergency department preparedness and quality improvement programs for emergency pediatric care. Pediatric trauma and critical care needs are met through a single pediatric facility, Children's Hospital, which provides consultation and critical care transfer services. University of California San Diego (UCSD) Medical Center provides back up trauma and pediatric critical care services for Children's Hospital.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard Met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.12 Public Input

STANDARD:

5.12 In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

CURRENT STATUS:

Community input for pediatric trauma care was received as part of the San Diego County Trauma Plan. Ongoing input regarding pediatric treatment protocols is achieved through participation in the Protocol Task Force, the Prehospital Audit Committee, and the Medical Audit Committee (trauma) by representatives of Children's Hospital. The Committee on Pediatric Emergency Medicine (COPEM) is a multidisciplinary committee that is actively involved in the oversight of pediatric EMS issues in the county for prehospital and EMS care. This committee will function as the EMSC oversight committee that includes development and implementation of the San Diego County EMSC program.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Other Specialty Care System

5.13 Specialty System Design

STANDARD:

- 5.13 Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved including:
- a) the number and role of system participants,
 - b) the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
 - c) identification of patients who should be triaged or transferred to a designated center,
 - d) the role of non-designated hospitals including those which are outside of the primary triage area, and
 - e) a plan for monitoring and evaluation of the system.

CURRENT STATUS:

The LEMSA has established a procedure for determining the appropriate destination of burn patients as outlined in Policy S-124, Burns, a treatment protocol which includes transporting the patient to a hyperbaric facility in the case of carbon monoxide poisoning.

Protocol T-460, Identification of the Trauma Center Candidate, provides guidelines for transporting trauma patients to the appropriate trauma center.

The LEMSA has established Policy S-137, Sexual Assault, a treatment protocol that requires transportation to a facility that offers Sexual Assault Response Team services if the patient is medically stable and does not meet trauma criteria.

Policy S-132, Near Drowning/Scuba, outlines the procedure for transporting patients with potential decompression emergencies. This policy provides a mechanism for field personnel to transport these patients directly to a hyperbaric chamber when appropriate.

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Other Specialty Care System

5.13 Specialty System Design

(continued)

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet this standard.

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Other Specialty Care System

5.14 Public Input

STANDARD:

5.14 In planning other specialty care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

CURRENT STATUS:

The LEMSA ensures ongoing input in planning other specialty care systems from both prehospital and hospital providers, physicians, and consumers. This is accomplished by reviewing policies and procedures related to specialty care centers with the Emergency Medical Care Committee and the Base Station Physicians Committee. System changes are further reviewed by the Medical Audit Committee, Prehospital Audit Committee, Hospital Association of San Diego and Imperial Counties, County Paramedic Agencies Committee and various subcommittees. The LEMSA further seeks input as needed from other concerned groups, including the County Medical Society, the Medical Society EMS Committee, the Emergency Nurses Association, and the San Diego County Paramedic Association.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Universal Level

6.01 QA/QI Programs

STANDARD:

6.01 The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize State standards and guidelines. The program shall use provider-based QA/QI programs and shall coordinate them with other providers.

GUIDELINE(S):

The local EMS agency should have the resources to evaluate the response to, and the care provided to, specific patients.

CURRENT STATUS:

The LEMSA has developed a system-wide quality assurance/improvement program, Policy S-004, Quality Assurance/Improvement for the Prehospital Emergency Medical Services System. This policy addresses the total EMS system, including all ALS/BLS provider agencies, base hospitals and trauma centers. Each paramedic provider agency, base hospital and trauma center is required to submit to the LEMSA a quality improvement program for approval. In addition, the LEMSA has established two system QA/QI committees which review care provided in the prehospital arena (Prehospital Audit Committee) and trauma care (Medical Audit Committee).

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet the standard.

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Universal Level

6.02 Prehospital Records

STANDARD:

6.02 Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

CURRENT STATUS:

The County of San Diego, Division of Emergency Medical Services policies require that a prehospital patient record be completed for each patient contact, including all 9-1-1 dispatches and all inter-facility transfers. All prehospital patient records have a unique identifier, allowing the data system to track patients from time of dispatch to arrival at the hospital. In the case of EMT/PS-Defibrillation patient encounters, patient information is collected on patient disposition through hospital discharge.

In addition, policies describe the procedures for disposition of all copies of each record and the requirements for record retention. These provisions are described in the San Diego County EMS Policies and Procedures Manual in Policy S-601. Policy S-620 deals specifically with emergency medical technician/public safety-defibrillation data collection and evaluation.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Universal Level

6.03 Prehospital Care Audits

STANDARD:

6.03 Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

GUIDELINE(S):

The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, in-patient and discharge records.

CURRENT STATUS:

The LEMSA provides continuous monitoring of prehospital care from both a system response and a clinical perspective. Monitoring activities are coordinated with all system participants and utilize data from the QCS and other prehospital patient records. Individual cases can be tracked throughout the system, effectively linking prehospital records, emergency department, and, for trauma patients, in-patient and discharge records. Additionally, the LEMSA has developed the following policies:

- S-004 Quality Assurance/Improvement for the Prehospital Emergency Medical Services System
- S-006 Prehospital Audit Committee
- S-601 Communication and Documentation of Prehospital Patient Care Information.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Universal Level

6.04 Medical Dispatch

STANDARD:

6.04 The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of prearrival/post dispatch directions.

CURRENT STATUS:

The EMS dispatch centers in San Diego County are coordinated by individual or multiple provider agencies. The LEMSA receives copies of EMS records for all 9-1-1 responses. Dispatch/response times and the level of response (BLS or ALS) are entered into the prehospital records management system. Service times and appropriateness of transport are continuously monitored by the QA process. Dispatch centers utilizing prearrival/post dispatch instructions have systems in place to monitor the appropriateness of those instructions.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Universal Level

6.05 Data Management System*

STANDARD:

6.05 The local EMS agency shall establish a data management system that supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on State standards.

GUIDELINE(S):

The local EMS agency should establish an integrated data management system that includes system response and clinical (both prehospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS:

The LEMSA utilizes the QCS to capture EMS data from EMS provider agencies, base hospitals and trauma hospitals. Patient care can be tracked from the time of 9-1-1 dispatch to emergency department disposition, and, for trauma patients, discharge from the hospital. The LEMSA has developed policies that facilitate monitoring, evaluating and coordinating all components of the system. The San Diego County EMS Policies and Procedures Manual includes:

- D-620 EMT/PS-D Data Collection and Evaluation
- D-621 EMT-PS-D Transfer of Patient Data
- D-622 Esophageal Tracheal Airway Device Data Collection and Evaluation
- S-601 Communication and Documentation of Prehospital Patient Care Information

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA networks with local EMS agencies throughout the state on data issues and shares information throughout the state and nationwide.

NEED(S):

Standard met.

OBJECTIVES:

No further objectives need to meet standard.

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Universal Level

6.06 System Design Evaluation

STANDARD:

6.06 The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing State standards and guidelines.

CURRENT STATUS:

The local EMS agency is constantly evaluating its local EMS system design. This evaluation is accomplished through various methods, the primary of which are the Emergency Medical Care Committee (EMCC) and the monitoring and audit of provider contracts. EMCC has, as part of its mission, the evaluation of "all matters relating to emergency medical services" including system design. Its three subcommittees (Prehospital/Hospital, Education/Research, and Disaster/Operations) evaluate all EMS system policies within the framework of community needs, appropriateness of guidelines and standards, and prevention. The result of this process is an evolving system design that is constantly being updated as technology and experience develop.

Components of the system (such as ALS provider agencies, base hospital and trauma center activities, training resources, communications, etc.) are monitored through the scheduled audit of designation contracts and agreements. By providing information and data from the County monitoring activities back to the provider agencies, the local EMS agency assists the provider agencies in evaluating their resource availability for effective system response and services. System design changes such as ALS first responder programs and rural ALS programs, are examples of programs implemented as a result of system evaluation and response to community need.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Universal Level

6.07 Provider Participation

STANDARD:

6.07 The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

CURRENT STATUS:

Policy S-004: Quality Assurance/Improvement for the Prehospital Emergency Medical Services System establishes a system-wide QA/QI program for evaluating the emergency medical system of San Diego County. Furthermore, each base hospital, trauma center and provider agency is required, by contractual agreement with the LEMSA, to implement and maintain an internal QA/QI program.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Universal Level

6.08 Reporting

STANDARD:

6.08 The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

CURRENT STATUS:

The LEMSA, through the Emergency Medical Care Committee (EMCC), reports Committee findings and advisory input to the Board of Supervisors at least every 12 months. In addition, the LEMSA publishes periodic comprehensive reports on system operations to all system participants, the EMCC, and the Board of Supervisors.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Enhanced Level: Advanced Life Support

6.09 ALS Audit

STANDARD:

6.09 The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities.

GUIDELINE(S):

The local EMS agency's integrated data management system should include prehospital, base hospital, and receiving hospital data.

CURRENT STATUS:

The QCS provides patient information from the time that prehospital units are dispatched through discharge from the emergency department. The LEMSA has developed policies that utilize this information to audit treatment provided by ALS providers during both base hospital and prehospital activities. The following specific policies are found in the San Diego County EMS Policies and Procedures Manual:

- S-004 Quality Assurance/Improvement for the Prehospital Emergency Medical Services System
- S-006 Prehospital Audit Committee
- S-015 Medical Audit Committee on Trauma

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation

STANDARD:

6.10 The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including:

- a) a trauma registry,
- b) a mechanism to identify patients whose care fell outside of established criteria, and
- c) a process of identifying potential improvements to the system design and operation.

CURRENT STATUS:

The LEMSA has a comprehensive trauma registry that includes demographic and clinical data on the trauma patient from time of 9-1-1 dispatch to discharge from the hospital, as well as data from the Medical Examiner's office. The County of San Diego Trauma Quality Assurance/Improvement System provides a process by which the LEMSA and designated trauma centers conduct a systematic evaluation of a trauma hospital's compliance with optimum trauma care standards. In addition, the LEMSA utilizes the trauma data system to continuously evaluate system design and operations. The following policies have been established by the LEMSA to identify patients whose care fell outside established criteria and to identify potential improvements to the system design and operation:

- S-004 Quality Assurance/Improvement for the Prehospital Emergency Medical Services System
- S-006 Prehospital Audit Committee
- S-015 Medical Audit Committee on Trauma

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Enhanced Level: Trauma Care System

6.11 Trauma Center Data

STANDARD:

6.11 The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient-specific information that is required for quality assurance/quality improvement and system evaluation.

GUIDELINE(S):

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in its quality assurance/quality improvement and system evaluation program.

CURRENT STATUS:

The LEMSA has developed a comprehensive trauma hospital data collection system providing demographic and clinical data (identified in the trauma center agreements) on the trauma patient from time of 9-1-1 dispatch to discharge from hospital. Required data elements provide the LEMSA with the necessary data for quality improvement and system evaluation activities. The County of San Diego Medical Examiner also works cooperatively with the LEMSA to assure that data collection and case review occurs on all trauma deaths including those that occur at non-trauma designated facilities.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- PUBLIC INFORMATION AND EDUCATION

Universal Level

7.01 Public Information Materials

STANDARD:

7.01 The local EMS agency shall promote the development and dissemination of information materials for the public that addresses:

- a) understanding of EMS system design and operation,
- b) proper access to the system,
- c) self help (e.g., CPR, first aid, etc.),
- d) patient and consumer rights as they relate to the EMS system,
- e) health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- f) appropriate utilization of emergency departments.

GUIDELINE(S):

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

CURRENT STATUS:

The LEMSA supports county-wide efforts to develop and disseminate to the public informational materials related to the EMS system and proper use of the 9-1-1 system. While the LEMSA promotes these activities, there is no centralized clearinghouse for the development, distribution or provision of public information and education materials and/or training programs related to the EMS system. Many fire departments sponsor safety programs, CPR training and information on EMS system access. In addition, provisions contained within contractual agreements with base hospitals, trauma hospitals and responder agencies mandate that the contractors provide public information, injury prevention information, CPR, etc.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- PUBLIC INFORMATION AND EDUCATION

Universal Level
7.02 Injury Control

STANDARD:

7.02 The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

GUIDELINE(S):

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

CURRENT STATUS:

The LEMSA, through community-based organizations such as Safe Communities and Safe Kids, addresses the critical public health issue of injury prevention.

In addition, the LEMSA works collaboratively with the Trauma Research and Education Foundation, area hospitals and trauma centers, and other governmental agencies to promote injury prevention activities.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- PUBLIC INFORMATION AND EDUCATION

Universal Level

7.03 Disaster Preparedness

STANDARD:

7.03 The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

GUIDELINE(S):

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

CURRENT STATUS:

The LEMSA, through a cooperative relationship with the County of San Diego's Office of Emergency Services (OES), participates in citizen disaster preparedness activities for the county. The OES has arranged displays at County buildings and group presentations. The LEMSA provides speakers for community presentations and co-sponsors community training on personal emergency preparedness.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- PUBLIC INFORMATION AND EDUCATION

Universal Level

7.04 First Aid & CPR Training

STANDARD:

7.04 The local EMS agency shall promote the availability of first aid and CPR training for the general public.

GUIDELINE(S):

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high-risk groups.

CURRENT STATUS:

The LEMSA provides staff assistance and publicizes county-wide efforts to make first aid and CPR training available to the general public. There is no centralized clearinghouse for the development, distribution or provision of public information and education materials and/or training programs related to prehospital care.

Both public and private provider agencies are involved in local community education programs to promote injury prevention and citizen preparedness. Private and public safety agencies sponsor fire safety programs, information on EMS system access, the nature of paramedic services and some CPR training for citizens on a community-by-community basis. In addition, provisions contained within contractual agreements with base hospitals and responder agencies mandate that the contractors provide public information, community education, CPR training, etc.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.01 Disaster Medical Planning*

STANDARD:

8.01 In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

CURRENT STATUS:

The disaster plan for San Diego County has been established to provide for the organization, mobilization, coordination and direction of medical and health services, both public and private, during a disaster. The plan, Annex D (last updated March 2005), delineates the authority, responsibility, functions and operations of all public and private agencies whose resources must be utilized if medical and health care are to be provided during a disaster. The LEMSA, in coordination with the local Office of Emergency Services (OES), is responsible for the disaster plan. The LEMSA maintains a full-time disaster medical response planner position dedicated to this purpose.

The LEMSA conducts at least one county-wide, multi-casualty, functional field disaster exercise annually as well as smaller field and table top exercises in the operational area. These exercises include participation from public and private sector hospitals, clinics, long-term care facilities, schools, colleges, private ambulance companies, law enforcement, U.S. Border Patrol, Amateur Radio Emergency System operators, the California Highway Patrol, fire agencies, and the Office of Public Health.

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA regularly meets with the Regional Disaster Medical/Health Specialist of Region VI and has created a mutual aid agreement with Region I.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.02 Response Plans*

STANDARD:

8.02 Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

GUIDELINE(S):

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

CURRENT STATUS:

The County of San Diego Health and Human Services Agency, in conjunction with the County of San Diego Office of Emergency Preparedness, is in full compliance with the multi-hazard functional plan. As of March 2005, the Unified San Diego County Emergency Services Organization Operational Area Emergency Plan, including Annex D, was revised. An all hazards approach to the Multi Casualty Plan was used and EMS collaborated with the Healthcare Disaster Council and the County Office of Emergency Services (OES) throughout the revision process.

COORDINATION WITH OTHER EMS AGENCIES:

Implementation of the National Incident Management System (NIMS) will require closer coordination with the Regional Disaster Medical Health Coordinator. San Diego County plans to work closely with other counties assigned to Region VI and Region I on the implementation of NIMS.

NEED(S):

Standard met.

OBJECTIVE:

No further objective required to meet standard.

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.03 Haz Mat Training

STANDARD:

8.03 All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

CURRENT STATUS:

Public safety providers (except lifeguards and Sheriff's deputies) receive awareness and operational level materials training. Many providers have all personnel trained to the first responder operational level. A small number of private ambulance providers have integrated the first responder awareness training in their agencies.

The City of San Diego Fire Department, in conjunction with the Hazardous Materials (Haz Mat) Management Unit of the County of San Diego Department of Environmental Health Services, operates specially designated Haz Mat units/teams comprised of individuals highly trained to the California State Training Institute/Office of Emergency Services technician level, consisting of 160-240 hours of training. ALS providers in the City of San Diego Fire Department receive additional chemical and biological agent training and are available to respond county-wide on a mutual aid basis.

The Haz Mat teams initially clear and decontaminate an incident. LEMSA treatment protocols call for patients to be decontaminated prior to treatment except in cases of high patient acuity or for certain designated contaminants.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.04 Incident Command System*

STANDARD:

8.04 Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

GUIDELINE(S):

The local EMS agency should ensure that ICS training is provided for all medical providers.

CURRENT STATUS:

All medical response agencies in San Diego County have adopted the Incident Command System (ICS). The Hospital Emergency Incident Command System (HEICS) has been implemented in 100% of all medical hospitals in the Operational Area. The introductory course to SEMS, combined with HEICS, has formed the foundation for the ICS for hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

All agencies in the Operational Area and State use ICS as the basis for field management.

NEED(S)

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.05 Distribution of Casualties*

STANDARD:

8.05 The local EMS agency, using State guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

GUIDELINE(S):

The local EMS agency, using State guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

CURRENT STATUS:

The LEMSA's disaster response plan requires hospitals to notify the Emergency Operations Center of the number of ambulatory and non-ambulatory patients who must be transported to the most appropriate facilities. Facilities are also required to identify the number of critical and non-critical beds available to treat incoming patients.

The disaster plan (Annex D) also has provisions for setting up staging areas and/or field treatment sites to handle a large volume of casualties.

All hospitals with a basic emergency department permit are expected to be capable of receiving and treating patients with radiation and chemical contamination injuries. This capability is assessed as part of the licensing process through the State Department of Health Services. Since 1992, the LEMSA has provided annual training seminars/protocols for hospitals through the San Diego Healthcare Disaster Council whose membership includes hospitals in the operational area.

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA, through the RDMHC Region VI, has developed a mutual aid agreement between the counties in Regions I and VI through the Regional Disaster Medical/Health Coordinator.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.06 Needs Assessment

STANDARD:

8.06 The local EMS agency, using State guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the State and other jurisdictions.

GUIDELINE(S):

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

CURRENT STATUS:

The LEMSA has established written report forms for rapid, easy assessment of the medical/health needs of the community based on the National Disaster Medical System Patient Care Capability Report form. A similar agreement has been developed with RDMHC Region I.

COORDINATION WITH OTHER EMS AGENCIES:

Currently through RDMHC Region VI.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.07 Disaster Communications*

STANDARD:

8.07 A specific frequency (e.g., CALCORD) or frequencies shall be identified for inter-agency communication and coordination during a disaster.

CURRENT STATUS:

The communication system for administrative use between RDMHC Region VI counties is via traditional landlines, cell phones and satellite phone systems at this time.

COORDINATION WITH OTHER EMS AGENCIES:

The communication system for RDMHC Region VI is continuing to evolve and be developed beyond the current available systems in use at this time. RDMHC Region VI is presently studying the applicability of satellite communication systems extensively, to be used by numerous other RDMHC regions in California.

NEED(S):

Standard met.

OBJECTIVE:

The LEMSA will migrate to a primary communication system to be shared by all RDMHC regions in California by the end of 2008.

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.08 Inventory of Resources*

STANDARD:

8.08 The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

GUIDELINE(S):

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

CURRENT STATUS:

The LEMSA maintains data reflecting the operational status of all hospitals with basic or comprehensive emergency department capabilities. During a disaster, these hospitals are polled for operational status. The same system is used for standby and other specialty hospitals. The LEMSA has brought all of its public health clinics up to status with incorporation of the RCS 800 MHz system of communications.

A list of ambulance companies throughout San Diego County is maintained by the LEMSA, and mutual aid contracts are in place with other ambulance companies within Region VI. The San Diego County Ambulance Association polls all providers during disasters to identify the number of vehicles staffed and available.

COORDINATION WITH OTHER EMS AGENCIES:

San Diego County is participating in the process of developing standardized procedures for resource identification with the other counties in Region VI and with the EMSA.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level
8.09 DMAT Teams*

STANDARD:

8.09 The local EMS agency shall establish and maintain relationships with Disaster Medical Assistance Teams (DMATs) in its area.

GUIDELINE(S):

The local EMS agency should support the development and maintenance of DMATs in its area.

CURRENT STATUS:

Using grant funding, the LEMSA has fostered the establishment of one level I DMAT, CA-4, which is sponsored by the University of California San Diego Medical Center, and CA-8 sponsored by International Relief Team, a local not-for-profit organization. CA-4 specializes in public health, primary care, special needs populations and critical stress management for caregivers. Agreements have been signed with the EMS Authority and the U.S. Public Health Service. These teams are fully trained and equipped and have extensive deployment experience.

COORDINATION WITH OTHER EMS AGENCIES:

The Southern California DMAT CA-4 and CA-8 are integrated into local, State and Federal emergency response plans.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.10 Mutual Aid Agreements*

STANDARD:

8.10 The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources, will be made available during significant medical incidents and during periods of extraordinary system demand.

CURRENT STATUS:

A mutual aid agreement has been executed between the Operational Areas in Region VI. Frequent meetings and exercises ensure that sufficient resources will be made available during significant medical incidents within OES Region VI.

COORDINATION WITH OTHER EMS AGENCIES:

San Diego County, through the RDMHC Region VI has established a medical mutual aid agreement with RDMHC Region I.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.11 CCP Designation*

STANDARD:

8.11 The local EMS agency, in coordination with the local OES and county health officer(s), and using State guidelines, shall designate casualty collection points (CCPs).

CURRENT STATUS:

Field Treatment Sites (FTS) will be designated at the time of activation by the County of San Diego LEMSA based on the availability of appropriate structures, facilities, and supplies. In selecting FTS locations, consideration is given to: proximity to areas which are most likely to have large numbers of casualties; distributions of locations in potential high-risk areas throughout the affected area; ease of access for staff, supplies and casualties; ease of evacuation by air or land; and the ability to secure the area.

COORDINATION WITH OTHER EMS AGENCIES:

Standard met.

NEED(S):

No further objective needed to meet standard.

OBJECTIVE:

LEMSA shall establish field treatment sites following activation of Annex D and based on the availability of appropriate structures, facilities and supplies.

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.12 Establishment of CCPs

STANDARD:

8.12 The local EMS agency, in coordination with the local OES, shall develop plans for establishing and a means for communicating with them.

CURRENT STATUS:

The LEMSA has established plans to identify Field Treatment Sites (FTS) at hospital sites or other health care venues based on the presentation of a specific type of civil emergency. A survey tool has been developed and ongoing surveys are maintained. The goal of the LEMSA is to place the FTS in such a way as to build on existing available health care infrastructure at the time of the disaster/emergency. Staffing will be accomplished using public health nursing personnel, DMATs, Medical Response Corps (MRC's) and other available resources.

Communication with an FTS will be accomplished through one of the following mechanisms, depending on what remains functional: telephone, cellular phone, or the County RCS 800 MHz Radio System, or the Amateur Radio Emergency Service.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.13 Disaster Medical Training

STANDARD:

8.13 The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

GUIDELINE(S):

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

CURRENT STATUS:

Primary providers utilize the incident command system FIREScope when responding to multi-casualty incidents. Additionally, all EMS responders in the county have implemented SEMS. When casualties are exposed to and/or contaminated by toxic or radioactive substances, providers are required to follow the procedures outlined in Annex D, the County's medical disaster plan, and Protocol S-140, Triage/Multiple Patient Incident, of the San Diego County EMS Policies and Procedures Manual.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level **8.14 Hospital Plans***

STANDARD:

8.14 The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

GUIDELINE(S):

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies.

CURRENT STATUS:

All hospitals in San Diego County are encouraged to participate in multiple disaster exercises throughout the year. At least one full field exercise along with multiple table top exercises are sponsored each year by the LEMSA. Communication systems are in place with all hospitals, and standardized data forms have been implemented.

Participation of 9-1-1 provider agencies and local industry in regularly scheduled exercises/drills has been and will continue to be encouraged.

COORDINATION WITH OTHER EMS AGENCIES:

The annual multi-casualty disaster exercise is targeted at multiple facilities/agencies, for example: hospitals, ambulance agencies, urgent care facilities, fire response, ARES, American Red Cross, and local military facilities located within San Diego County. Additionally, the LEMSA participates in State exercises upon request.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.15 Inter-hospital Communications*

STANDARD:

8.15 The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

CURRENT STATUS:

The Quality Assurance Collector System (QCS) communication system is available to all hospitals throughout San Diego County. This system is coordinated and operated by the LEMSA. Operational procedures for the use of this system have been established.

The QCS system provides a mechanism for hospitals to communicate with each other. In addition, the system provides a mechanism for hospitals to communicate via computer with the LEMSA. Communication between facilitating base hospitals and their satellite hospitals is facilitated directly through the RCS 800 MHz radio system. The Sheriff's Communication Center has the ability to contact as well as monitor communications between the field and the hospitals through the RCS 800 MHz system.

COORDINATION WITH OTHER EMS AGENCIES:

RDMHCs for Regions VI and I are currently working to coordinate communication systems between the two regions as well as with the rest of the regions in California and the State EMSA.

NEED(S):

Standard met.

OBJECTIVE:

To establish a statewide communications system between RDMHC regions and the State EMSA by the end of 2008.

TIME FRAME FOR OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.16 Prehospital Agency Plans

STANDARD:

8.16 The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

GUIDELINE(S):

The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospital staffs in its service area.

CURRENT STATUS:

All prehospital providers and acute care hospitals have developed guidelines for the management of significant medical incidents. The LEMSA sponsors regular disaster meetings to facilitate preparedness.

Primary provider agencies have adopted the Incident Command System and 100% of hospitals have adopted the Hospital Emergency Incident Command System (HEICS).

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Enhanced Level: Advanced Life Support

8.17 ALS Policies*

STANDARD:

8.17 The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

CURRENT STATUS:

The LEMSA adheres to the California Code of Regulations, Title 22 , Section 100143. This allows the LEMSA's medical director to permit an EMT-P (certified outside California) to temporarily perform his/her scope of practice in California on a mutual aid response or during a special event. The LEMSA has entered into inter-county agreements that allow prehospital personnel from surrounding counties to operate in San Diego County.

COORDINATION WITH OTHER EMS AGENCIES:

Inter-county agreements between San Diego County and surrounding counties are in place to cover mutual aid responses.

NEED(S):

Standard met.

OBJECTIVES:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Enhanced Level: Specialty Care Systems

8.18 Specialty Center Roles

STANDARD:

8.18 Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

CURRENT STATUS:

Depending on the size of a major medical emergency or disaster, specialty centers, including trauma centers, may or may not function under the normal policies governing triage. The smaller the event, the greater the likelihood that the specialty centers will function as they normally do (assuming they are not directly impacted by the disaster). Protocol S-140 and specific guidelines contained in the County's medical disaster plan (Annex D) are in place to deal with large numbers of burn, trauma and pediatric casualties.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Enhanced Level: Exclusive Operating Areas/Ambulance Regulations

8.19 Waiving Exclusivity

STANDARD:

8.19 Local EMS agencies that grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

CURRENT STATUS:

The LEMSA's exclusive operating area contractual agreements contain language that permits the LEMSA to waive exclusivity in the event of a significant medical incident.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for these standards.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

SECTION 3
SYSTEM RESOURCES AND OPERATIONS

TABLE 2
System Organization and Management

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

EMS System: San Diego County County: San Diego Reporting Year: FY 2003-05

- 1. Percentage of population served by each level of care by county:**
 (Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)
- | | |
|---|------------|
| a. Basic Life Support (BLS) | <u>5%</u> |
| b. Limited Advanced Life Support (LALS) | <u>0%</u> |
| c. Advanced Life Support (ALS) | <u>95%</u> |
- 2. Type of agency:** B
- a. Public Health Department
 - b. County Health Services Agency
 - c. Other (non-health) County Department
 - d. Joint Powers Agency
 - e. Private Non-Profit Entity
 - f. Other:
- 3. The person responsible for day-to-day activities of EMS agency reports to:** B
- a. Public Health Officer
 - b. Health Services Agency Director/Administrator
 - c. Board of Directors
 - d. Other:
- 4. Indicate the non-required functions that are performed by the agency:**
- | | |
|---|----------|
| Implementation of exclusive operating areas (ambulance franchising) | <u>X</u> |
| Designation of trauma centers/trauma care system planning | <u>X</u> |
| Designation/approval of pediatric facilities | |
| Designation of other critical care centers | |
| Development of transfer agreements | <u>X</u> |
| Enforcement of local ambulance ordinance | <u>X</u> |
| Enforcement of ambulance service contracts | <u>X</u> |
| Operation of ambulance service | |
| Continuing education | |
| Personnel training | |
| Operation of oversight of EMS dispatch center | |
| Non-medical disaster planning | |
| Administration of critical incident stress debriefing (CISD) team | <u>X</u> |
| Administration of disaster medical assistance team (DMAT) | <u>X</u> |
| Administration of EMS Fund [Senate Bill (SB) 12/612] | <u>X</u> |
| Other: Crash Injury Research and Engineering Network (CIREN) | <u>X</u> |

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (continued)
EMS System: San Diego County County: San Diego Reporting Year: FY 2003-04

5. EMS agency budget for FY: 2003-04

A. EXPENSES:

Salaries and benefits (all but contract personnel)	\$ 2,375,356
Contract Services (e.g., medical director)	1,927,558
Operations (e.g., copying, postage, facilities)	1,734,350
Travel	26,612
Indirect expense (overhead)	285,042
Ambulance subsidy	974,334
EMS Fund payments to physicians/hospital	2,337,326
Dispatch center operations (non-staff)	0
Other: Ambulance Districts (CSA 17-\$1,672,793, CSA 69-\$2,627,127)	<u>4,299,920</u>
TOTAL EXPENSES	<u>\$13,960,498</u>

B. SOURCES OF REVENUE:

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	0
Office of Traffic Safety (OTS)	\$480,000
State General Fund	415,925
County General Fund	805,756
Local tax funds (e.g., EMS district)	4,299,920
County Contracts (e.g. multi-county agencies)	211,575
Certification fees	28,155
Training Program Approval Fees	0
Training program tuition/Average daily attendance funds (ADA)	0
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital application fees	0
Trauma center application fees	0
Trauma center designation fees	240,000
Pediatric facility approval fees	0
Pediatric facility designation fees	0

Other critical care center application fees		0
Type:		
Other critical care designation fees		200,000
Type: Base Hospital Designation		
Ambulance Service/vehicle fee		65,000
Contributions		0
Other fees:	State Aid, Health Realignment, VLF	1,918,878
	State Aid, Tobacco Settlement	765,000
	Recovered Expenditures	130,000
	Miscellaneous (MAA)	195,000
	Auditors Adjustments	365,000
EMS fund (SB12/612)		3,840,289
Other grants:	NHTSA – CIREN:GM	0
	SDSU Foundation – Safe Communities	0
	CA Dept of Corrections	0
	EMSC Grant	0
	Corrections Corporation of America	0
	Elderly Suicide Prevention	<u>0</u>
TOTAL REVENUE		<u>\$13,960,498</u>

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (continued)
EMS System: San Diego County County: San Diego Reporting Year: FY 2004-05

5. EMS agency budget for FY: 2004-05

A. EXPENSES:

Salaries and benefits (all but contract personnel)	\$ 1,820,431
Contract Services (e.g., medical director)	3,238,968
Operations (e.g., copying, postage, facilities)	1,038,901
Travel	9,964
Indirect expense (overhead)	205,709
Ambulance subsidy	524,334
EMS Fund payments to physicians/hospital	2,337,326
Dispatch center operations (non-staff)	0
Other: Ambulance Districts (CSA 17-\$1,966,432, CSA 69-\$3,125,796)	<u>5,092,228</u>
TOTAL EXPENSES	<u>\$14,267,861</u>

B. SOURCES OF REVENUE:

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	0
Office of Traffic Safety (OTS)	\$560,590
State General Fund	330,925
County General Fund	626,560
Local tax funds (e.g., EMS district)	5,092,228
County Contracts (e.g. multi-county agencies)	176,611
Certification fees	36,050
Training Program Approval Fees	0
Training program tuition/Average daily attendance funds (ADA)	0
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital application fees	0
Trauma center application fees	0
Trauma center designation fees	240,000
Pediatric facility approval fees	0

Pediatric facility designation fees		0
Other critical care center application fees		0
Type:		
Other critical care designation fees		187,500
Type: Base Hospital Designation		
Ambulance Service/vehicle fee		78,917
Contributions		0
Other fees:	State Aid, Health Realignment, VLF	1,862,811
	State Aid, Tobacco Settlement	737,734
	Recovered Expenditures	119,045
	Miscellaneous (MAA)	13,635
	Auditors Adjustments	364,966
EMS fund (SB12/612)		3,840,289
Other grants:	NHTSA – CIREN:GM	0
	SDSU Foundation – Safe Communities	0
	CA Dept of Corrections	0
	EMSC Grant	0
	Corrections Corporation of America	0
	Elderly Suicide Prevention	0
TOTAL REVENUE		<u>\$14,267,861</u>

TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)
EMS System: San Diego County County: San Diego Reporting Year: FY 2003-05

6. Fee structure for FY: 2003-05

We do not charge any fees.

Our fee structure is:

First responder certification	\$ 0
EMS dispatcher certification	0
EMT-I certification	17
EMT-I recertification	17
EMT-defibrillation certification	17
EMT-defibrillation recertification	0
EMT-II certification	0
EMT-II recertification	0
EMT-P accreditation	17
Mobile Intensive Care Nurse/Authorized Registered Nurse (MICN/ARN) certification	17
MICN/ARN recertification	17
EMT-I training program approval	0
EMT-II training program approval	0
EMT-P training program approval	0
MICN/ARN training program approval	0
Base hospital application	0
Base hospital designation	25,000
Trauma center application	0
Trauma center designation	40,000

TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)
EMS System: San Diego County County: San Diego Reporting Year: FY 2003-05

6. Fee structure for FY: 2003-05 (continued)

Pediatric facility approval		\$	0
Pediatric facility designation			0
Other critical care center application			0
Other critical care center designation			0
Ambulance service license: Ground	(Initial)		2,000
	(Renewal)		1,000
Ambulance service license: Air			
Primary Response Rotocraft:	(Initial)		15,000
	(Renewal)		7,500
Interfacility Rotocraft:	(Initial)		2,000
	(Renewal)		1,000
Ambulance vehicle permits: Ground	(BLS)		250
	(ALS/CCT)		375
Ambulance vehicle permits: Air			
Rotocraft			500

**7. Complete the table on the following four pages for the EMS agency staff for:
Fiscal Year 2003-05**

TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003-04

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Administrator/ Coordinator/Director	Chief EMS	1	38.89	49.5%	
Assistant Administrator Administrative Assistant Administrative Manager	Administrative Assistant II Administrative Assistant III Principal Administrative Analyst	1 2 1	26.60 29.35 33.14	49.5% 49.5% 49.5%	
ALS Coordinator Field Coordinator Training Coordinator	QA Specialist EMS Specialist QASPEC	1 1 1	33.90 29.26 25.70	49.5% 49.5% 49.5%	
Program Coordinator Field Liaison (nonclinical)	NA EMS Specialist	1	29.26	49.5%	
Trauma Coordinator	Coordinator, EMS	1	35.67	49.5%	
Medical Director	Consulting Physician	.5	100.00	49.5%	
Other MD Medical Consultant Training Medical Director	NA NA NA				
Disaster Medical Planner	Coordinator, EMS	1	35.67	49.5%	

TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)
EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003-04

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor	NA				
Data Evaluator Analyst	H.S. Project Coordinator Biostatistician Senior Epidemiologist	1 2 1	43.00 28.67 37.77	49.5% 49.5% 49.5%	
QA/QI Coordinator	Quality Assurance Specialist	4	33.90	49.5%	
Public Information and Education Coordinator	NA				
Executive Secretary	Administrative Secretary II	1	16.83	49.5%	
Other Clerical	Board Secretary Senior Clerk	1 1	18.81 15.82	49.5%	
Data Entry Clerk	Student Workers	4	12.00	10%	
Other	Various	9	Varies	10%	

Include an organizational chart of the local EMS agency and a county organizational chart(s) indicating how the LEMSA fits within the county/multi-county structure.

(SEE PAGE 16)

TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2004-05

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Administrator/ Coordinator/Director	Chief EMS	1	40.12	57.5%	
Assistant Administrator	Administrative Analyst II	1	27.44	57.5%	
Administrative Assistant	Administrative Analyst III	2	30.27	57.5%	
Administrative Manager	Principal Administrative Analyst	1	34.18	57.5%	
ALS Coordinator	QA Specialist	1	34.97	57.5%	
Field Coordinator	EMS Specialist	1	30.18	57.5%	
Training Coordinator	QASPEC	0	25.70	57.5%	
Program Coordinator	NA				
Field Liaison (nonclinical)	EMS Specialist	1	30.18	57.5%	
Trauma Coordinator	Coordinator, EMS	1	36.79	57.5%	
Medical Director	Consulting Physician	.5	80.00	3%	
Other MD	NA				
Medical Consultant	NA				
Training Medical Director	NA				
Disaster Medical Planner	Coordinator, EMS	1	36.79	57.5%	

TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2004-05

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor	NA				
Data Evaluator Analyst	H.S. Project Coordinator	1	34.13	57.5%	
	Biostatistician	1	29.57	57.5%	
	Senior Epidemiologist	1	38.96	57.5%	
	Epidemiologist	1	35.42		
QA/QI Coordinator	Quality Assurance Specialist	4	34.97	57.5%	
Public Information and Education Coordinator	NA				
Executive Secretary	Administrative Secretary II	1	17.36	57.5%	
Other Clerical	Board Secretary	1	19.40	57.5%	
	Senior Clerk	1	16.32		
Data Entry Clerk	Contract Workers (Part-time)	3	12.00	0%	
Other	Various Contract Workers	10	Varies	Varies	

Include an organizational chart of the local EMS agency and a county organizational chart(s) indicating how the LEMSA fits within the county/multi-county structure.

(SEE PAGE 16)

TABLE 3
Personnel and Training

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training
EMS System: San Diego County **County: San Diego**

Reporting Year: FY 2003-05

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	1764	0		145	0
Number newly certified this year	928	0		145	0
Number recertified this year	836	0		145	0
Total number of accredited personnel on July 1 of the reporting year			804		
Number of certification reviews resulting in:					
a) formal investigations	2	0	1	3	0
b) probation	1	0	0	3	0
c) suspensions	0	0	0	0	0
d) revocations	0	0	0	0	0
e) denials	0	0	0	0	0
f) denials of renewal	0	0	0	0	0
g) no action taken	1	0	1	0	0

1. Number of EMS dispatchers trained to EMSA standards: **N/A**
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified
 - b) Number of public safety (defib) certified (non-EMT-I)
3. Do you have a first responder training program? **NO**



TABLE 4
Communications

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications
EMS System: San Diego County County: San Diego Reporting Year: FY 2003-05

1. Number of primary Public Service Answering Points (PSAPs)	14
2. Number of secondary PSAPs	9
3. Number of dispatch centers directly dispatching ambulances	15
4. Number of designated dispatch centers for EMS Aircraft	1
5. Do you have an operational area disaster communication system?	YES
a. Radio primary frequency	800 MHz
b. Other methods	
c. Can all medical response units communicate on the same disaster communications system?	YES
d. Do you participate in OASIS?	NO
e. Do you have a plan to utilize RACES as a back-up communication system?	YES
1) Within the operational area?	YES
2) Between the operational area and the region and/or state?	YES
6. Who is your primary dispatch agency for day-to-day emergencies?	
<u>We have multiple agencies; no central point of dispatch. We utilize individual dispatch agencies.</u>	
7. Who is your primary dispatch agency for a disaster?	
<u>We have multiple agencies.</u>	

TABLE 5
Response and Transportation

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response & Transportation
 EMS System: San Diego County County: San Diego Reporting Year: FY 2003-05**

TRANSPORTING AGENCIES

1. Number of exclusive operating areas		22
2. Percentage of population covered by Exclusive Operating Areas (EOA)		95%
3. Total number of responses		248,096
a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	184,965
b) Number of non-emergency responses	(Code 1: normal)	52,709
4. Total number of transports		214,153
a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	155,519
b) Number of non-emergency transports	(Code 1: normal)	52,405

EARLY DEFIBRILLATION PROVIDERS

Reporting Year: FY 2003-05

5. Number of public safety defibrillation providers	(Included in EMT-D below)	
6. Number of EMT-Defibrillation providers		
a) Automated		46
b) Manual		0

AIR AMBULANCE SERVICES

Reporting Year: FY 2003-05

7. Total number of responses		1,515
a) Number of emergency responses		1,450
b) Number of non-emergency responses		65
8. Total number of transports		1,237
a) Number of emergency (scene) transports		1,192
b) Number of non-emergency transports		45

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response and Transportation (continued)
EMS System: San Diego County **County: San Diego** **Reporting Year: FY 2003-05**

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder	not collected	not collected	not collected	not collected
2. Early defibrillation responder	not collected	not collected	not collected	not collected
3. Advanced life support responder (ALS-Ground)	11.5 minutes	30.00 minutes	24.00 minutes	12.00 minutes
4. Transport Ambulance (BLS)	33.00 minutes	35.00 minutes	25.00 minutes	33.00 minutes
5. ALS Responder (Air)	21.5 minutes	34.00 minutes	36.00 minutes	26.5 minutes

NOTE: Response times were calculated using 12 months of available 2003/2005 data projected to an annual basis.

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response and Transportation (continued)
EMS System: San Diego County County: San Diego Reporting Year: FY 2004-2005

[**CORRECTED BASE PLAN YEAR DATA****]**

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder	not collected	not collected	not collected	not collected
2. Early defibrillation responder	not collected	not collected	not collected	not collected
3. Advanced life support responder (ALS- Ground)	11.5 minutes	30.00 minutes	24.00 minutes	12.00 minutes
4. Transport Ambulance (BLS)	33.00 minutes	35.00 minutes	25.00 minutes	33.00 minutes
5. ALS Responder (Air)	21.5 minutes	34.00 minutes	36.00 minutes	26.5 minutes

PLEASE NOTE: RESPONSE TIMES BASED ON MOST CURRENT AVAILABLE DATA.



TABLE 6
Facilities and Critical Care

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS - Facilities & Critical Care
EMS System: San Diego County County: San Diego Reporting Year: FY 2003-04**

TRAUMA:

Trauma patients:

a) Number of patients meeting prehospital or trauma center internal trauma triage criteria	9,894
b) Number of major trauma victims* transported directly to a trauma center by ambulance	4,341
c) Number of major trauma patients* transferred to a trauma center	1,190
d) Number of patients meeting triage criteria who weren't treated at a trauma center	**NA

EMERGENCY DEPARTMENTS:

Total number of emergency departments	20
a) Number of referral emergency services	0
b) Number of standby emergency services	1
c) Number of basic emergency services	18
d) Number of comprehensive emergency services	1

RECEIVING HOSPITALS:

1. Number of receiving hospitals with written agreements	0
2. Number of base hospitals with written agreements	7

*Major trauma patient numbers for FY 03-04 reflect only those patients meeting the criteria for inclusion in the trauma registry.

**Mistriaged patients are transferred to trauma centers when identified at non-designated facilities.

TABLE 7
Disaster Medical

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS - Disaster Medical
 EMS System: San Diego County County: San Diego Reporting Year: FY 2003-05**

SYSTEM RESOURCES:

1. **Field Treatment Sites (FTS)**
 - a. Where are your FTS located? Not predesignated
 - b. How are they staffed? DMATs, MRC, Public Health Nurses
 - c. Do you have a supply system for supporting them for 72 hours? YES
2. **CISD**
 - a. Do you have a CISD provider with 24 hour capability? YES
3. **Medical Response Team**
 - a. Do you have any team medical response capability? YES
 - b. For each team, are they incorporated into your local response plan? YES
 - c. Are they available for statewide response? YES
 - d. Are they part of a formal out-of-state response system? YES
4. **Hazardous Materials**
 - a. Do you have any HazMat trained medical response teams? YES
 - b. At what HazMat level are they trained? Level A
 HazMat Technician
 Specialist, Industrial
 Hygienist
 - c. Do you have the ability to do decontamination in an emergency room? YES
 - d. Do you have the ability to do decontamination in the field? YES

SECTION 4
RESOURCE DIRECTORIES

TABLE 8
Providers

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

AMERICAN MEDICAL RESPONSE- SAN DIEGO 8808 BALBOA AVENUE, #150 SAN DIEGO, CA 92123 Phone: (858) 492-8111			Primary Contact: MIKE MURPHY, DIRECTOR OF OPERATIONS		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>123</u> EMT-D _____ LALS <u>101</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 59

AMERICARE AMBULANCE 1924 COMMERCIAL STREET, SUITE B ESCONDIDO, CA 92029 Phone: (760) 781-3895			Primary Contact: MARK EWING		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>22</u> EMT-D _____ LALS _____ ALS <u>3</u> MICN
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 9

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

BALBOA AMBULANCE INCORPORATED P.O. BOX 34577 SAN DIEGO, CA 92163 <p style="text-align: right;">Phone: (619) 295-1942</p>			Primary Contact: Geoff Cogle, OPERATIONS MANAGER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>45</u> EMT-D _____ LALS _____ ALS <u>5</u> MICN
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 11

CARE MEDICAL TRANSPORTATION 9770 CANDIDA STREET SAN DIEGO, CA 92126 <p style="text-align: right;">Phone: (858) 653-4520</p>			Primary Contact: Dan Graham, V.P. OPERATIONS		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>66</u> EMT-D _____ LALS _____ ALS <u>4</u> MICN
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 26

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

MERCY MEDICAL TRANSPORT, INC. 2537 OLD SAN PASQUAL ROAD ESCONDIDO, CA 92027 <p style="text-align: right;">Phone: (760) 739-8026</p>			Primary Contact: RICK ROESCH		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 9 </u> EMT-D _____ LALS <u> 9 </u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 5 (2-backup)

MEDFLEET AMBULANCE 3479 KURTZ STREET SAN DIEGO, CA 92110 <p style="text-align: right;">Phone: (619) 222-2244</p>			Primary Contact: GREG GIBSON		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 15 </u> EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 5

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

NATIONAL STEEL AND SHIPBUILDING COMPANY 2798 HARBOR DRIVE SAN DIEGO, CA 92113 <p style="text-align: right;">Phone: (619) 544-8889</p>			Primary Contact: ROGER WESSELY		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>17</u> EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Ambulances: 1

PACIFIC AMBULANCE 3944 MURPHY CANYON ROAD, C-106 SAN DIEGO, CA 92123 <p style="text-align: right;">Phone: (619) 544-8889</p>			Primary Contact: ALOHI REIGER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>34</u> EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 9

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

PRIORITY ONE MEDICAL TRANSPORT 202 GREENFIELD, SUITE A EL CAJON, CA 92020 <p style="text-align: right;">Phone: (800) 600-3370 X4477</p>			Primary Contact: MICHAEL PARKER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>30</u> EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 8

SAN ONOFRE FIRE DEPARTMENT 14300 MESA ROAD SAN CLEMENTE, CA 92672 <p style="text-align: right;">Phone: (949) 368-6649</p>			Primary Contact: BERT PENNINGTON, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>21</u> EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Fire)	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 1

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

SCHAEFER AMBULANCE SERVICE 7257 UNIVERSITY AVENUE LA MESA, CA 91941 Phone: (619) 583-0454			Primary Contact: JANE HALL, REGIONAL MANAGER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>27</u> EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 5

STAR AMBULANCE 4400 PALM AVENUE, SUITE C LA MESA, CA 91941 Phone: (619) 469-7827			Primary Contact: LARRY MCEWEN		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>38</u> EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 8

TABLE 8: RESOURCES DIRECTORY -- Providers/Private

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

WEST SHORE AMBULANCE SERVICE, INC. 83 DESERT SHORE DRIVE DESERT SHORE, CA 92274 Phone: (760) 395-6800			Primary Contact: MARCIA McKINNEY, OFFICE MANAGER		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 3 </u> EMT-D <u> 3 </u> LALS <u> 5 </u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 3

TABLE 8: RESOURCES DIRECTORY -- Providers/Private, Air
EMS System: San Diego County **County: San Diego**

Reporting Year: FY 2003/2005

MERCY AIR AMBULANCE 9745 PROSPECT AVE., STE. 204 SANTEE, CA 92071 <p style="text-align: right;">Phone: (619) 448-3457</p>			Primary Contact: PAMELA STEEN		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS <u>24</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 3 (Air ambulance)

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

ALPINE FIRE PROTECTION DISTRICT 1834 ALPINE BOULEVARD ALPINE, CA 91901 Phone: (619) 445-2635			Primary Contact: BRIAN BOZZELRIC, DIVISION CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>9</u> EMT-D _____ LALS <u>4</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

BARONA FIRE DEPARTMENT 1112 BARONA ROAD LAKESIDE, CA 92040 Phone: (619) 390-2794			Primary Contact: DOUGLAS A. MORIARTY		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS <u>28</u> PS-Defib _____ BLS _____ EMT-D _____ LALS <u>6</u> ALS
Ownership: <input checked="" type="checkbox"/> Public (Fire) <input checked="" type="checkbox"/> Private (Transport)	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 4

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

BONITA-SUNNYSIDE FIRE PROTECTION DISTRICT 4900 BONITA ROAD BONITA, CA 91902-1725 <p style="text-align: right;">Phone: (619) 479-2346</p>			Primary Contact: SCOTT WALKER, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 6 </u> EMT-D _____ LALS <u> 6 </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

BORREGO SPRINGS FIRE PROTECTION DISTRICT 2324 STIRRUP ROAD BORREGO SPRINGS, CA 92004-0898 <p style="text-align: right;">Phone: (760) 767-5436</p>			Primary Contact: GARY ADAMS, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u> 1 </u> BLS <u> 4 </u> EMT-D _____ LALS <u> 8 </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 3 (15-20 reserve EMT volunteers)

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

BOULEVARD VOLUNTEER FIRE & RESCUE DEPARTMENT (CSA-109) 33923 Highway 94 BOULEVARD, CA 91905 Phone: (619) 766-4144 Temporarily (3 mo.): (619) 766-4980			Primary Contact: MARY SCHOEPFER, CHAIRMAN OF BOARD OF DIRECTORS		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>14</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

CALIFORNIA DEPARTMENT OF FORESTRY 2249 JAMACHA ROAD EL CAJON, CA 92020-4517 Phone: (619) 590-3100			Primary Contact: CHARLES MANER, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>300</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

CAMPO RESERVATION FIRE 36210 CHURCH ROAD CAMPO, CA 91906 <p style="text-align: right;">Phone: (619) 478-2371</p>			Primary Contact: STEVEN M. CUERO, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>12</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

CARLSBAD FIRE DEPARTMENT 2560 ORION WAY CARLSBAD, CA 92008 <p style="text-align: right;">Phone: (760) 931-2141</p>			Primary Contact: KEVIN CRAWFORD, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>24</u> EMT-D _____ LALS <u>46</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2 ALS Engine Companies: 6

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

CHULA VISTA FIRE DEPARTMENT 447 F STREET CHULA VISTA, CA 91910 Phone: (619) 691-5055			Primary Contact: DOUGLAS A. PERRY, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>109</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0 Contract with AMR for transport services.

CITY OF CORONADO 1001 6TH STREET CORONADO, CA 92118 Phone: (619) 522-7374			Primary Contact: KIM RADDATZ, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>15</u> EMT-D _____ LALS <u>11</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

DEER SPRINGS FIRE PROTECTION DISTRICT 8709 CIRCLE R DRIVE ESCONDIDO, CA 92026 <p style="text-align: right;">Phone: (760) 749-8001</p>			Primary Contact: RICH BOLTON, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 8 </u> EMT-D _____ LALS <u> 4 </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

DEL MAR FIRE DEPARTMENT 2200 JIMMY DURANTE BOULEVARD DEL MAR, CA 92014-2216 <p style="text-align: right;">Phone: (858) 755-1522</p>			Primary Contact: DAVID OTT, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 12 </u> EMT-D _____ LALS <u> 4 </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0 ALS Engine Co. 1

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

EAST COUNTY FIRE PROTECTION DISTRICT 1811 SUNCREST BLVD. EL CAJON, CA 92021-4246 Phone: (619) 579-6034			Primary Contact: DARRELL JOBES, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>35</u> EMT-D _____ LALS <u>6</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0 ALS Engine Companies- 2

EL CAJON FIRE DEPARTMENT 100 EAST LEXINGTON EL CAJON, CA 92020-4517 Phone: (619) 441-1612			Primary Contact: MIKE SCOTT, CHIEF PHIL SNOW, EMS COORDINATOR		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>11</u> EMT-D _____ LALS <u>33</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 3 ALS Engine

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

ELFIN FOREST/HARMONY GROVE FIRE DEPARTMENT INC. 20223 ELFIN FOREST ROAD ELFIN FOREST, CA 92029 <p style="text-align: right;">Phone: (760) 744-2186</p>			Primary Contact: FRANK TWOHY, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS <u>15</u> PS-Defib _____ BLS <u>24</u> EMT-D _____ LALS <u>0</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 1

ENCINITAS FIRE DEPARTMENT 505 SOUTH VULCAN AVENUE ENCINITAS, CA 92024-3633 <p style="text-align: right;">Phone: (760) 633-2800</p>			Primary Contact: DON HEISER, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>26</u> EMT-D _____ LALS <u>21</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 1 CSA#17

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

ESCONDIDO FIRE DEPARTMENT 201 NORTH BROADWAY ESCONDIDO, CA 92025-2762 <p style="text-align: right;">Phone: (760) 839-5400</p>			Primary Contact: VIC REED, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>12</u> EMT-D _____ LALS <u>42</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 6 2 ALS, 2 BLS, 1 Reserve

IMPERIAL BEACH FIRE DEPARTMENT 865 IMPERIAL BEACH BOULEVARD IMPERIAL BEACH, CA 91932-2795 <p style="text-align: right;">Phone: (619) 423-8223</p>			Primary Contact: PAUL SMITH, DEPUTY CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>7</u> EMT-D _____ LALS <u>5</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

INTERMOUNTAIN VOLUNTEER FIRE DEPARTMENT 1672 MAIN STREET, SUITE E RAMONA, CA 92065 <p style="text-align: right;">Phone: (760) 789-3710</p>			Primary Contact: GARY COLEMAN, FIRE CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>20</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

JULIAN-CUYAMACA FIRE PROTECTION DISTRICT 2645 FARMER ROAD JULIAN, CA 92036-0033 <p style="text-align: right;">Phone: (760) 765-1510</p>			Primary Contact: KEVIN DUBLER, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>17</u> EMT-D _____ LALS <u>10</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

LAKESIDE FIRE PROTECTION DISTRICT 12365 PARKSIDE STREET LAKESIDE, CA 92040 Phone: (619) 390-2350			Primary Contact: ANDY PARR, DIVISION CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>31</u> EMT-D _____ LALS <u>32</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 3

LA MESA FIRE DEPARTMENT 8054 ALLISON AVENUE LA MESA, CA 91941-5001 Phone: (619) 667-1355			Primary Contact: DAVE BURKE, FIRE CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>49</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

LEMON GROVE FIRE DEPARTMENT 7853 CENTRAL AVENUE LEMON GROVE, CA 91945 <p style="text-align: right;">Phone: (619) 825-3835</p>			Primary Contact: JOHN TORCHIA, DIVISION CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>6</u> EMT-D _____ LALS <u>6</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

MT. LAGUNA VOLUNTEER FIRE DEPARTMENT, INC. 10385 SUNRISE HIGHWAY MT. LAGUNA, CA 91948 <p style="text-align: right;">Phone: (619) 473-8143</p>			Primary Contact: DENNIS SHERMAN, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>25</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

NATIONAL CITY FIRE DEPARTMENT 333 EAST 16TH STREET NATIONAL CITY, CA 91950-4596 Phone: (619) 336-4551			Primary Contact: RODERICK GUNIEL, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>36</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

NORTH COUNTY FIRE PROTECTION DISTRICT 315 EAST IVY FALLBROOK, CA 92028-2198 Phone: (760) 723-2005			Primary Contact: WILLIAM METCALF, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>44</u> EMT-D _____ LALS <u>31</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 6

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

OCEANSIDE FIRE DEPARTMENT 300 NORTH COAST HIGHWAY OCEANSIDE, CA 92054 <p style="text-align: right;">Phone: (760) 435-4100</p>			Primary Contact: ROB DUNHAM, FIRE CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>38</u> EMT-D _____ LALS <u>60</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 4

OCOTILLO WELLS FIRE PROTECTION DISTRICT 5841 SR-78 Borrego Springs, CA 92004 <p style="text-align: right;">Phone: (760) 767-7430</p>			Primary Contact: CHARLES GANN, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input checked="" type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>4</u> PS _____ PS-Defib _____ BLS <u>7</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

PALA FIRE BATTALION 11800 PALA MISSION ROAD PALA, CA 92059-0043 Phone: (760) 742-1632			Primary Contact: ANTHONY RAVAGO, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input checked="" type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 30 </u> EMT-D _____ LALS <u> 1 </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 1 Contracted with North County Fire

PALOMAR MOUNTAIN CSA 110 21610 CRESTLINE ROAD PALOMAR MOUNTAIN, CA 92060 Phone: (760) 742-3701			Primary Contact: JAY ACHERMAN, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS <u> 9 </u> PS-Defib _____ BLS <u> 15 </u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

PINE VALLEY FIRE PROTECTION DISTRICT 28850 OLDE HIGHWAY 80 PINE VALLEY, CA 91962 <p style="text-align: right;">Phone: (619) 473-8445</p>			Primary Contact: BOB URIBE, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 25 </u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

POWAY FIRE DEPARTMENT 13050 COMMUNITY ROAD POWAY, CA 92064-5702 <p style="text-align: right;">Phone: (858) 668-4461/4466</p>			Primary Contact: MARK SANCHEZ, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 8 </u> EMT-D _____ LALS <u> 37 </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

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RAMONA FIRE DEPARTMENT 105 WEST EARLHAM STREET RAMONA, CA 92065-1558 Phone: (760) 789-1330			Primary Contact: JACK WETHEY, EMS COORDINATOR		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ 0 ___ PS ___ PS-Defib ___ BLS ___ EMT-D ___ LALS ___ 13 ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

RANCHITA FIRE BATTALION (MONTEZUMA VALLEY VOL FD) 37370 MONTEZUMA VALLEY ROAD RANCHITA, CA 92066-9706 Phone: (760) 782-3467			Primary Contact: GARY LOYD, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ PS ___ 9 ___ PS-Defib ___ BLS ___ 2 ___ EMT-D ___ LALS ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

RANCHO SANTA FE FIRE PROTECTION DISTRICT 16936 EL FUEGO RANCHO SANTA FE, CA 92067-0410 Phone: (858) 756-5971			Primary Contact: NICK PAVONE, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport (BLS) <input checked="" type="checkbox"/> Non-Transport (ALS)	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>24</u> EMT-D _____ LALS <u>15</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0 Reserve: 1 Contract CSA 17- 3 ambulances

SAN DIEGO RURAL FIRE PROTECTION DISTRICT 14145 HIGHWAY 94 JAMUL, CA 91935 Phone: (619) 669-1188			Primary Contact: DAVE NISSEN, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>49</u> EMT-D _____ LALS <u>1</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0 Contract with AMR for transport services.

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

SAN DIEGO, CITY OF 1010 SECOND AVENUE, SUITE 400 SAN DIEGO, CA 92101-4101 <p style="text-align: right;">Phone: (619) 533-4308</p>			Primary Contact: DONNA GOLDSMITH, EMS PROGRAM MANAGER		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>619</u> EMT-D _____ LALS <u>304</u> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public/Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 29 ALS <p style="text-align: right;">16 BLS</p> *See Rural Metro for ambulance # joint venture between SD Fire/Rescue Dept. & Rural Metro.

SAN MARCOS FIRE DEPARTMENT 1 CIVIC CENTER DRIVE SAN MARCOS, CA 92069-2949 <p style="text-align: right;">Phone: (760) 744-1050 x3403</p>			Primary Contact: KARL CHLARSON, BATTALION CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>7</u> EMT-D _____ LALS <u>35</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 4

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

SAN MIGUEL CONSOLIDATED FIRE PROTECTION DISTRICT 2850 VIA ORANGE WAY SPRING VALLEY, CA 91978-1746 Phone: (619) 670-0500			Primary Contact: LARRY KINARD, CHIEF PATRICK SUMROW, EMS COORDINATOR		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 45 </u> EMT-D _____ LALS <u> 21 </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0 Contract with AMR for transport services.

SAN PASQUAL FIRE DEPARTMENT 208 EAST FIFTH AVENUE ESCONDIDO, CA 92025 Phone: (760) 745-9565			Primary Contact: GILBERT TURRENTINE, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u> 20 </u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

SANTEE FIRE DEPARTMENT 10601 MAGNOLIA AVENUE SANTEE, CA 92071-6514 Phone: (619) 258-4100 x207			Primary Contact: BOB PFOHL, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>12</u> EMT-D _____ LALS <u>33</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

SOLANA BEACH FIRE DEPARTMENT 500 LOMAS SANTA FE DRIVE SOLANA BEACH, CA 92075 Phone: (858) 720-2410			Primary Contact: DAVID OTT, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>18</u> EMT-D _____ LALS <u>2</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 1

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

SYCUAN FIRE DEPARTMENT 5449 DEHESA ROAD EL CAJON, CA 92019 <p style="text-align: right;">Phone: (619) 445-2893</p>			Primary Contact: BOBBY THOMAS, BATTALION CHIEF, EMS COORDINATOR		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>5</u> EMT-DC _____ LALS <u>3</u> ALS
Ownership: <input checked="" type="checkbox"/> Public (Fire) <input checked="" type="checkbox"/> Private (Transport)	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

VALLEY CENTER FIRE PROTECTION DISTRICT 28234 LILAC ROAD VALLEY CENTER, CA 92082-5718 <p style="text-align: right;">Phone: (760) 751-7600</p>			Primary Contact: KEVIN O'LEARY, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>22</u> EMT-D _____ LALS <u>3</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0 Contract with Mercy for transport services. Reserve 25 EMT

TABLE 8: RESOURCES DIRECTORY -- Providers/Public

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

VISTA FIRE DEPARTMENT 175 NORTH MELROSE DRIVE VISTA, CA 92083-5718 <p style="text-align: right;">Phone: (760) 726-2144</p>			Primary Contact: MARLYN ANDERSON, EMS COORDINATOR		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>21</u> EMT-D _____ LALS <u>45</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 3

WARNER SPRINGS RANCH VOLUNTEER FIRE DEPARTMENT 31652 HIGHWAY 79 WARNER SPRINGS, CA 92086-0010 <p style="text-align: right;">Phone: (760) 782-4275</p>			Primary Contact: DENNIS PARRY, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>2</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 9
Approved Training Programs

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

AMR – SAN DIEGO 8808 BALBOA AVENUE, #150 SAN DIEGO, CA 92123 Phone: (858) 492-3500		Contact Person: JAMES LEE
**Program Level: EMT-I Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration Date: 2004	
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 0	
BARONA FIRE DEPARTMENT 1112 BARONA ROAD LAKESIDE, CA 92040 Phone: (619) 390-2794		Contact Person: DOUGLAS MORIARTY
**Program Level: EMT-I Student Eligibility: Restricted	Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration Date: 2005	
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 0	

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

CHULA VISTA FIRE DEPARTMENT 447 F STREET CHULA VISTA, CA 91910 Phone: (619) 409-5969		Contact Person: MIKE HARTMAN
**Program Level: EMT-I Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 0 Refresher: 50 Continuing Education: 0 Expiration Date: 2004	
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 1 Continuing Education: 0	
COLLEGE OF OCEANEERING 3580 AERO COURT SAN DIEGO, CA 92123 Phone: (619) 563-7324		Contact Person: JOHN HARRISON
**Program Level: EMT-I Student Eligibility:	Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration Date: 2006	
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 1 Continuing Education: 0	

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

CORONADO FIRE DEPARTMENT 1001 6 TH STREET CORONADO, CA 92118 Phone: (619) 522-7374		Contact Person: RON ALLISON
**Program Level: EMT-I Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 0 Refresher: 20 Continuing Education: 0 Expiration Date: 2006	
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 1 Continuing Education: 0	

EMERGENCY MEDICAL EDUCATORS 208 E. FIFTH AVE. ESCONDIDO, CA 92025 Phone: (760) 480-9924		Contact Person: LUIS ORTIZ
**Program Level: EMT-1 Student Eligibility: Open to the general public	Number of students completing training per year: Initial training: 3 Refresher: 4 Continuing Education: 11 Expiration Date: 2006	
Cost of Program: Basic: \$450 Refresher: \$ 85	Number of courses: Initial training: 1 Refresher: 3 Continuing Education: 1	

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

<p>EL CAJON FIRE DEPARTMENT 100 EAST LEXINGTON EL CAJON, CA 92020-4517 Phone: (619) 441-1612</p>	<p>Contact Person: GARY BUCHHOLZ</p>
<p>**Program Level: EMT-1 Student Eligibility: Restricted</p>	<p>Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration Date: 2004</p>
<p>Cost of Program: Basic: \$ 0 (Department only) Refresher:</p>	<p>Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 0</p>
<p>EMSTA, Inc. PO BOX 21894 EL CAJON, CA 92021 Phone: (619) 562-4664</p>	<p>Contact Person: RICK FOEHR</p>
<p>**Program Level: EMT-I Student Eligibility: Open to general public</p>	<p>Number of students completing training per year: Initial training: 95 Refresher: 300 Continuing Education: 60 Expiration Date: 2005</p>
<p>Cost of Program: Basic: \$ 875 Refresher: \$150</p>	<p>Number of courses: Initial training: 4 Refresher: 12 Continuing Education: 10</p>

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

GROSSMONT HEALTH OCCUPATION 9368 OAKBOURNE ROAD SANTEE, CA 92071 Phone: (619) 596-3690		Contact Person: ANN VROMAN	
**Program Level: EMT-I Student Eligibility: Open to general public	Number of students completing training per year: Initial training: 80 Refresher: 0 Continuing Education: 0 Expiration Date: 2007		
Cost of Program: Basic: \$ 0 Refresher: \$ 45	Number of courses: Initial training: 4 Refresher: 0 Continuing Education: 0		
LA MESA FIRE DEPARTMENT 8054 ALLISON AVENUE LA MESA, CA 91941 Phone: (619) 667-1355		Contact Person: DAVE HARDENBURGER	
**Program Level: EMT-1 Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 0 Refresher: 12 Continuing Education: 0 Expiration Date: 2005		
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 1 Continuing Education: 0		

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

MIRAMAR COLLEGE 10440 BLACK MOUNTAIN ROAD SAN DIEGO, CA 92126 Phone: (619) 523-3311		Contact Person: MARY KJARTANSON
**Program Level: EMT-I Student Eligibility: Open to the general public	Number of students completing training per year: Initial training: 770 Refresher: 200 Continuing Education: 125 Expiration Date: 2005	
Cost of Program: Basic: \$ 26/unit Refresher: \$ 26/unit	Number of courses: Initial training: 22 Refresher: 8 Continuing Education: 0	

NAVAL HOSPITAL - CAMP PENDLETON EMT PROGRAM, NAVAL HOSPITAL, BOX 555191 CAMP PENDLETON, CA 92055 Phone: (760) 725-2903		Contact Person: LCDR MICHAEL D. SIMONS
**Program Level: EMT-1 Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration Date: 2005	
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 0	

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

PALOMAR COLLEGE 1951 EAST VALLEY PARKWAY ESCONDIDO, CA 92027 Phone: (760) 744-1150/8153		Contact Person: DEBI WORKMAN	
**Program Level: EMT-I/EMT-P Student Eligibility: Open to the general public	Number of students completing training per year: Initial training: 385/60 Refresher: 100/0 Continuing Education: 120 Expiration Date: 2007		
Cost of Program: Basic: \$28/unit Refresher: \$28/unit	Number of courses: Initial training: 11/2 Refresher: 3 Continuing Education: 11		
SAN DIEGO FIRE DEPARTMENT 1010 2 ND AVENUE SAN DIEGO, CA 92101 Phone: (619) 692-4982		Contact Person: ROBERT STANLEY	
**Program Level: EMT-1 Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 0 Refresher: 50 Continuing Education: 0 Expiration Date: 2004		
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 1 Continuing Education: 0		

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

SOUTHWESTERN COLLEGE 900 OTAY LAKES CHULA VISTA, CA 91910 Phone: (619) 421-6700		Contact Person: JOANNE STONECIPHER	
**Program Level: EMT-I/EMT-P Student Eligibility: Open to the general public	Number of students completing training per year: Initial training: 245/56 Refresher: 175 Continuing Education: 0 Expiration Date: 2007		
Cost of Program: Basic: \$ 26/unit Refresher: \$ 26/unit	Number of courses: Initial training: 7/2 Refresher: 5/0 Continuing Education: 0/0		
SOLANA BEACH FIRE DEPARTMENT 500 LOMAS SANTA FE DRIVE SOLANA BEACH, CA 92075-1324 Phone: (858) 720-2410		Contact Person: DAVE HULMERUD	
**Program Level: EMT-I Student Eligibility: Restricted	Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration Date: 2004		
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 0		

TABLE 10
Facilities

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

ALVARADO COMMUNITY HOSPITAL 6655 ALVARADO ROAD SAN DIEGO, CA 92120 Phone: (619) 287-3270			Primary Contact: MARK PALMER, EXECUTIVE DIRECTOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

CHILDREN'S HOSPITAL AND HEALTH CENTER 3020 CHILDREN'S WAY SAN DIEGO, CA 92123 Phone: (858) 576-1700			Primary Contact: BLAIR SADLER, CHIEF EXECUTIVE OFFICER	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EDAP:* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PICU:** <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level II (Pediatric)

*Emergency Department Approved for Pediatrics.

**Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

CORONADO HOSPITAL 250 PROSPECT PLACE CORONADO, CA 92118 Phone: (619) 435-6251			Primary Contact: MARCIA HALL, CEO	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

FALLBROOK HOSPITAL 624 EAST ELDER STREET FALLBROOK, CA 92028 Phone: (760) 728-1191			Primary Contact: DUN LARKIN, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

GREEN HOSPITAL OF SCRIPPS CLINIC 10666 NORTH TORREY PINES ROAD LA JOLLA, CA 92037 <p style="text-align: right;">Phone: (858) 455-9100</p>			Primary Contact: HUBERT GREENWAY, M.D., CHIEF EXECUTIVE OFFICER	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service NOTE: Has an urgent care center	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

GROSSMONT HOSPITAL 5555 GROSSMONT CENTER DRIVE LA MESA, CA 91942 <p style="text-align: right;">Phone: (619) 644-4066</p>			Primary Contact: MICHELLE TARBET, CHIEF EXECUTIVE OFFICER	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

KAISER FOUNDATION HOSPITAL 4647 ZION AVENUE SAN DIEGO, CA 92120 <p style="text-align: center;">Phone: (619) 528-5000</p>			Primary Contact: KENNETH COLLING, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

MERCY HOSPITAL & MEDICAL CENTER 4077 FIFTH AVENUE SAN DIEGO, CA 92103 <p style="text-align: center;">Phone: (619) 260-7176</p>			Primary Contact: TOMAS GAMMIERE, ADMINISTRATOR	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level I

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

PALOMAR MEDICAL CENTER 555 EAST VALLEY PARKWAY ESCONDIDO, CA 92025 <p style="text-align: center;">Phone: (760) 739-3698</p>			Primary Contact: GERALD BRACHT, ADMINISTRATOR/CEO	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level II

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

PARADISE VALLEY HOSPITAL 2400 EAST FOURTH STREET NATIONAL CITY, CA 91950 Phone: (619) 470-4321			Primary Contact: ALAN SODERBOLM, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

POMERADO HOSPITAL 15615 POMERADO ROAD POWAY, CA 92064 Phone: (858) 485-6511			Primary Contact: JIM FLINN, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

SCRIPPS HOSPITAL – ENCINITAS 354 SANTA FE DRIVE ENCINITAS, CA 92024 <p style="text-align: center;">Phone: (760) 455-1481</p>			Primary Contact: STEVE GOE, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

SCRIPPS MEMORIAL – CHULA VISTA 435 H STREET CHULA VISTA, CA 91910 <p style="text-align: center;">Phone: (619) 691-7389</p>			Primary Contact: TODD HUFF, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

SCRIPPS MEMORIAL – LA JOLLA 9888 GENESEE AVE. LA JOLLA, CA 92037 <p style="text-align: center;">Phone: (858) 626-6158</p>			Primary Contact: GARY FYBEL, ADMINISTRATOR	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level II

SHARP CHULA VISTA MEDICAL CENTER 751 MEDICAL CENTER COURT CHULA VISTA, CA 91910 <p style="text-align: center;">Phone: (619) 482-5800</p>			Primary Contact: CHRIS BOYD, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

SHARP MEMORIAL HOSPITAL 7901 FROST STREET SAN DIEGO, CA 92123 <p style="text-align: center;">Phone: (858) 541-3422</p>			Primary Contact: DANIEL GROSS, CHIEF EXECUTIVE OFFICER	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level II

TRI-CITY MEDICAL CENTER 4002 VISTA WAY OCEANSIDE, CA 92054 <p style="text-align: center;">Phone: (760) 940-3548</p>			Primary Contact: ARTHUR GONZALES, PRESIDENT/CEO	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

UNIVERSITY COMMUNITY MEDICAL CENTER 5550 UNIVERSITY AVENUE SAN DIEGO, CA 92105 Phone: (619) 582-3516			EMERGENCY DEPT. CLOSED – MARCH 16, 2005	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service- CLOSED <input type="checkbox"/> Comprehensive emergency service- CLOSED	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

UCSD MEDICAL CENTER 3200 WEST ARBOR DR. SAN DIEGO, CA 92103 Phone: (619) 543-6222			Primary Contact: RICHARD LIEKWEG, ADMINISTRATOR	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level I

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

UCSD THORNTON HOSPITAL 9300 CAMPUS POINT DRIVE LA JOLLA, CA 92037 Phone: (858) 657-7000			Primary Contact: RICHARD LIEKWEG, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

U.S. NAVAL HOSPITAL SAN DIEGO, CA 92134 Phone: (619) 532-6400			Primary Contact: RADM B. BRANNMAN, COMMANDING OFFICER	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

U.S. NAVAL HOSPITAL - CAMP PENDLETON U.S. MARINE CORPS BASE CAMP PENDLETON, CA 92055 Phone: (760) 725-1793			Primary Contact: CAPTAIN STEVE NICHOLS, COMMANDING OFFICER	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

VETERANS ADMINISTRATION HOSPITAL 3350 LA JOLLA VILLAGE DRIVE SAN DIEGO, CA 92161 Phone: (858) 552-8585			Primary Contact: GARY ROSSIO, CHIEF EXECUTIVE OFFICER	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 11
Dispatch Agencies

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

AMERICAN MEDICAL RESPONSE – SAN DIEGO 8808 BALBOA AVENUE, #150 SAN DIEGO, CA 92123 <p style="text-align: right;">Phone: (858) 492-8111</p>			Primary Contact: GORDON ANDERSON
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: <u>16</u> EMD Training <u>2</u> EMT-D _____ ALS _____ BLS _____ LALS <u>3</u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

AMERICARE AMBULANCE 1924 Commercial Street, Suite B Escondido, CA 92029 <p style="text-align: right;">Phone: (760) 781-3895</p>			Primary Contact: MARK EWING
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS <u>6</u> BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

BALBOA AMBULANCE INCORPORATED 6340 RIVERDALE SAN DIEGO, CA 92120 <p style="text-align: right;">Phone: (619) 295-1942</p>			Primary Contact: ANGELA HARDING, ASST. SUPERVISOR
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS <u> 7 </u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

CALIFORNIA DEPARTMENT OF FORESTRY 249 JAMACHA ROAD EL CAJON, CA 92020 <p style="text-align: right;">Phone: (619) 590-3100</p>			Primary Contact: CHIEF MANER CHARLES
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS <u> 10 </u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

CARE MEDICAL TRANSPORTATION 9770 CANDIDA ST. SAN DIEGO, CA 92126 <p style="text-align: right;">Phone: (858) 653-4500</p>			Primary Contact: DANIEL GRAHAM, VP OPERATIONS
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u> 4 </u> EMT-D _____ ALS _____ BLS _____ LALS <u> 3 </u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

CHULA VISTA FIRE DEPARTMENT 447 F. STREET CHULA VISTA, CA 91910 <p style="text-align: right;">Phone: (619) 476-2404</p>			Primary Contact: DEBBIE NASTA
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: <u> 14 </u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

CORONADO POLICE DEPARTMENT 700 ORANGE AVENUE CORONADO, CA 92118 <p style="text-align: right;">Phone: (619) 522-7350</p>			Primary Contact: MARYANN ADAMS, DIVISION CHIEF
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 7 Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

ESCONDIDO, CITY OF 700 WEST GRAND AVENUE ESCONDIDO, CA 92025 <p style="text-align: right;">Phone: (760) 839-4622</p>			Primary Contact: GARY WELLS
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ 22 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 1 Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

HEARTLAND DISPATCH JPA 100 EAST LEXINGTON EL CAJON, CA 92020 <p style="text-align: right;">Phone: (619) 441-1621</p>			Primary Contact: GEORGE WOOD
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: 17 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other, explain: City/Fire District JPA	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

MERCY AIR 545 GIA KENNEY ST. EL CAJON, CA 92020 <p style="text-align: right;">Phone: (619) 448-3457</p>			Primary Contact: AARON O'SHEMA, MEDICAL MANAGER
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D 12 ALS _____ BLS _____ LALS 3 Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Diego County

County: San Diego

Reporting Year: FY 2003/2005

SCHAEFER AMBULANCE SERVICE 7257 UNIVERSITY AVENUE LA MESA, CA 91941 Phone: (619) 583-0454			Primary Contact: RICK LARSON, REGIONAL MANAGER
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u> 5 </u> EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11A
Disaster Medical Responders
(County)

TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (County)

EMS System: San Diego County

County: San Diego

COUNTY OFFICE OF EMERGENCY SERVICES (OES)

Coordinator: Deborah Steffen

Work Phone: (858) 565-3490

Home Phone: NA

Pager: NA

FAX: (619) 694-2514

24-Hour Phone: (858) 565-3490

Alternate: Herman Reddick

Work Phone: (858) 565-3490

Home Phone: NA

Pager: NA

FAX: (619) 694-2514

24-Hour Phone: (858) 565-3490

COUNTY EMS DISASTER MEDICAL SERVICES (DMS)

Coordinator: Patrick Buttron

Work Phone: (619) 285-6429

Home Phone: NA

Pager: (619) 526-0392

FAX: (619) 285-6531

24-Hour Phone: (858) 565-5255
(Station M)

Alternate: Carmel Angelo

Work Phone: (619) 285-6429

Home Phone: NA

FAX: (619) 285- 6531

24-Hour Phone: (858) 565-5255
(Station M)

COUNTY HEALTH OFFICER

Public Health

Officer: Nancy L. Bowen, M.D., MPH

Work Phone: (619) 515-6597

Home Phone: NA

Pager: (619) 529-9154

FAX: (619) 515-6717

24-Hour Phone: (619) 565-3490
(Station M)

Alternate: Wilma Wooten, M.D.

Work Phone: (619) 515-6519

Home Phone: NA

Pager: No

FAX: (619) 685-2423

24-Hour Phone: (619) 565-5255
(Station M)

TABLE 11B
Disaster Medical Responders
Regional Disaster Medical/Health Coordinators

**TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders
(Regional Disaster Medical/Health Coordinators)**

OES Region: San Diego County

County: San Diego

REGIONAL OES COORDINATOR:

Chris Sundley

Work Phone: (562) 795-2900

Home Phone: NA

Pager: NA

FAX: NA

24-Hour Phone: (562) 795-2900

Alternate: Sonja Brown

Work Phone: (562) 795-2908

Home Phone: NA

Pager: NA

FAX: NA

24 Hour Phone: (562) 795-2900

REGIONAL DISASTER COORDINATOR:

Dr. Thomas Pendergast

Work Phone: (909) 387-6219

Home Phone: NA

Pager: NA

FAX: (909) 387-6228

24-Hour Phone: (909) 356-3805

Alternate: Conrad Salinas

Work Phone: (909) 387-7759

Home Phone: NA

Pager: NA

FAX: (909) 387-7853

24-Hour Phone: (909) 356-3805

SECTION 5
DESCRIPTION OF PLAN DEVELOPMENT PROCESS

Description of Plan Development Process

The local EMS agency ensures ongoing EMS plan development through continual input from prehospital and hospital providers, physicians, and consumers. At the system-wide level, a variety of advisory groups and committees provide input on EMS issues and policies relating to the delivery of emergency medical services. Each group/committee is composed of appropriate public and private provider representatives with a mix of prehospital care personnel (i.e., MICNs, EMT-Ps, EMT-Is, physicians and administrators). Their input establishes a framework in which the EMS community and the local EMS agency develop common goals and objectives in order to achieve greater system effectiveness.

Forums are conducted at the MICN, EMT-P and EMT-I levels to encourage sharing of information between field, hospital and management personnel. The Base Station Physicians' Committee and the Emergency Medical Care Committee provide a forum for a similar interchange between the Medical Director, base hospital physicians and other prehospital personnel.

System changes are further reviewed by the Medical Audit Committee, Prehospital Audit Committee, Healthcare Association of San Diego and Imperial Counties, County Paramedic Agencies Committee and various subcommittees. The local EMS agency further seeks input as needed from other interested groups, including the County Medical Society, the Medical Society EMS Committee, the Emergency Nurses Association and the San Diego County Paramedic Association.

The Emergency Medical Care Committee (EMCC) and its subcommittees (Prehospital/Hospital, Disaster Operations, Education and Research) provide an ongoing mechanism to evaluate EMS system design and operations. The EMCC acts as the primary advisory group to the local EMS agency and the Board of Supervisors on all EMS matters. The Board of Supervisors appoints 18 members; five of the 18 are public members, one nominated by each member of the Board of Supervisors. Information is acquired and analyzed to measure the impact and the quality of emergency medical care services.

In cooperation with the Community Health Programs of the Health and Human Services Agency, the local EMS agency participates in prevention programs (e.g., Violence Prevention Coalition, American Trauma Society/Southern California Division) developed to meet the needs of the community.

The EMS Base Plan was submitted to and approved by the EMCC, then submitted in its final version to the County Board of Supervisors along with a resolution to adopt the plan in 1998. This document serves as the annual update to that plan.

SECTION 6
ANNEX

A. Trauma Care System Plan

Trauma Care System Plan

The San Diego County Trauma Plan, dated April 24, 1990, was submitted to and approved by the EMSA. The plan incorporates the Trauma Planning Guidelines provided in Appendix 2 of the EMSA System Guidelines. A draft 2002 Trauma Plan was approved by EMS Authority. The plan will be revised and re-submitted with the 5- year EMS Plan.

EOA

EOA ANALYSIS SHEET

County: San Diego – 2003-2005 Update. Note: All of the ambulance zones have previously been approved in prior updates and appear to meet exclusivity criteria; however, the Barona Indian Reservation is a new zone.

(Note: Review begun 12/05, needed more information, which was received 3/06; review resumed 5/06.)

Zone	Exclusivity	Type Exclusivity	Analysis/Comment	Reviewer Comment
City of Carlsbad	Exclusive	Grandfathered	ALS emergency ambulance. Provider is City of Carlsbad FD, who has provided uninterrupted service with no changes in the same scope and manner since 8/30/77.	OK. Appears to meet grandfathering requirements.
City of Chula Vista (Bonita-Sunnyside Fire Protection District and the Cities of Chula Vista and Imperial Beach)	Exclusive	Grandfathered	ALS emergency ambulance. Provider is AMR, who has provided uninterrupted service with no change in scope and manner since 3/8/77. Hartson's was original provider. It was bought out by Laidlaw, who was in service prior to 1/1/81. Laidlaw was bought out by AMR. City holds agreement with provider.	OK. Appears to meet grandfathering requirements. Note: EMSA did not review the purchase agreements for the changes in ownership. 5/26/06—requested copies of agreements. San Diego responded that the agreement is with the city, not the county.
City of El Cajon	Exclusive	Grandfathered	ALS emergency ambulance. Provider is El Cajon FD, who has provided uninterrupted service with no change to scope and manner since 3/11/80.	OK. Appears to meet grandfathering requirements.
City of Escondido (and adjoining areas) <i>See attached map below.</i>	Exclusive	Grandfathered	ALS emergency ambulance. Provider is Escondido Fire Dept., who has provided uninterrupted service with no change to scope and manner since 8/30/77.	OK. Appears to meet grandfathering requirements.
National City (and adjoining areas) <i>See attached map below.</i>	Exclusive	Competitive Process	ALS emergency ambulance. Provider is AMR, which contracts with National City. Form says agreement was approved and authorized in 1983.	Correspondence dated March 22, 2006 says that this contract is from 1983-indefinite. This needs to be clarified
City of Oceanside	Exclusive	Grandfathered	ALS emergency ambulance. Provider is Oceanside FD, who has provided uninterrupted service with no change to scope and manner since	OK. Appears to meet grandfathering requirements.

			3/29/77.	
City of Poway	Exclusive	Grandfathered	ALS emergency ambulance. Provider is Poway FD, who has provided uninterrupted service with no change to scope and manner since 12/4/76.	OK. Appears to meet grandfathering requirements.
City of San Diego (except areas encompassed in a county service area) <i>See attached map below.</i>	Exclusive	Competitive Process	ALS emergency ambulance. Provider is San Diego Medical Services Enterprise, a partnership with San Diego Fire/Rural Metro. Exclusivity granted 5/21/91. Contract renewed 7/1/1997. End date is "indefinite."	Contract does not have an end date—end date is indefinite. This needs to be clarified
City of San Marcos	Exclusive	Competitive Process	ALS emergency ambulance. Provider is AMR. Contract approved 12/1/87. Contract dates 10/1/2001 – 9/1/2009, with 2-year extensions.	Contract does not have an end date—end date is indefinite. This needs to be clarified
City of Vista	Exclusive	Grandfathered	ALS emergency ambulance. Provider is Vista FD, who has provided uninterrupted service with no change to scope and manner since 8/30/77.	OK. Appears to meet grandfathering requirements.
CSA #17 (Cities of Encinitas, Solana Beach, Del Mar, and Rancho Santa Fe, and the communities of Del Mar Heights, Del Mar Terrace, and Elfin Forest)	Exclusive	Competitive Process	ALS emergency ambulance. Provider is San Diego Medical Services Enterprise, who has provided service since 9/1/01. Contract end date is 9/30/2007. Note: BLS is provided through "voluntary ring down system" of private ambulance providers (nonexclusive for BLS).	OK
CSA #69 (Fire Protection Districts of Lakeside and Bostonia and the city of Santee)	Exclusive	Grandfathered	ALS emergency ambulance. Providers are Santee FD and Lakeside FD, who have provided uninterrupted service with no change to scope and manner since 12/18/74.	OK. Appears to meet grandfathering requirements.

Zone	Exclusivity	Type Exclusivity	Analysis/Comment	Reviewer Comment
Grossmont Hospital District, Zone 1 – Suburban (Boundaries of the Grossmont Hospital District)	Exclusive	Grandfathered	9-1-1 ALS emergency ambulance. Provider is AMR, who has provided uninterrupted service with no change to scope and manner since 5/15/79. Hartson's was the original provider; it was bought out by Laidlaw, which was then bought out by AMR.	OK. Appears to meet grandfathering requirements. Note: EMSA has not received copies of the purchase agreements for review; the county says the agreements are with the city, not the county.
Grossmont Hospital District, Zone 2 – Rural (unincorporated areas east and south county) <i>See attached map below.</i>	Exclusive	Competitive Process	9-1-1 ALS emergency ambulance. Provider is AMR. Contract end date is Oct. 31, 2008. (Note: Rural Fire Protection District provide BLS first responder services)	OK
North County Fire Protection District <i>See attached map below.</i>	Exclusive	Competitive Process	9-1-1 ALS emergency ambulance. Provider is North County Fire Protection District. Competitively determined, contract signed 7/3/90.	Email dated March 22, 2006, says that the dates are 7/1/1991 until a mutual termination. This needs to be clarified.
Ramona Municipal Water District (and nearby areas) <i>See attached map below.</i>	Exclusive	Competitive Process	9-1-1 ALS Emergency Ambulance. Provider is California Dept. of Forestry. Competitively determined. Contract approved 10/11/88. Contract dates are 7/1/2005-6/30/2006 (yearly contracts).	Email dated March 22, 2006, says that the contract dates are 10/15/90 until a mutual termination. This needs to be clarified.
Barona Indian Reservation (and surrounding communities) <i>See attached map below.</i>	Nonexclusive	Sovereign Nation	9-1-1 ALS emergency ambulance. Sovereign nation. Provider is Barona FD, which signed agreement May 18, 1999. Indian Reservation is not subject to H&SC unless covered in terms of contract.	OK. No competitive bid process is noted. Reservations are independent from EMS system but the agreement with the EMS agency is to integrate them into the EMS system.
Sycuan Indian Reservation <i>See attached map below.</i>	Nonexclusive	Sovereign Nation	9-1-1 ALS emergency ambulance. Provider is Sycuan Fire Department, which signed agreement August 1, 1997. Indian Reservation is not subject to H&SC unless covered in terms of contract.	OK. No competitive bid process is noted. Reservations are independent from EMS system but the agreement with the EMS

				agency is to integrate them into the EMS system.
Borrego Springs Fire Protection District <i>See attached map below.</i>	Exclusive	Competitive Process	9-1-1 ALS emergency ambulance. Provider is Borrego Springs Fire Protection District, which was approved by board 7/01/00. Competitively determined.	Note: Contract has no termination date. This needs to be clarified
Julian-Cuyamaca Fire Protection District <i>See attached map below.</i>	Exclusive	Competitive Process	9-1-1 ALS emergency ambulance. Provider is Julian-Cuyamaca Fire Protection District, which was approved by the board 11/10/2000. Contract end date is 9/30/2011.	OK. Note that competitive bid process should take place every 10 years or less.
Valley Center Fire Protection District <i>See attached map below.</i>	Exclusive	Competitive Process	9-1-1 ALS emergency ambulance. Provider is Valley Center Fire Protection District, approved by board on 7/1/01. Contract end date is 7/1/07.	OK
City of Coronado	Exclusive	Competitive Process	9-1-1 ALS emergency ambulance. Provider is Coronado Fire Department, approved by board 7/1/01.	Note: contract end date is until mutual termination. This needs to be clarified

12/29/05 Notes:

- Standard 4.22 of the 97-98 plan says that “The LEMSA establishes exclusive operating areas only for ALS service provider agencies. These exclusive operating areas are established by contract with jurisdictions and are defined by their individual jurisdictional boundaries. The LEMSA reviews these contracts every two years.
- Also, the sample ALS agreement included as part of the 97/98 plan states under Terms of Agreement: “The term of this Agreement shall be from _____ and will continue indefinitely until mutually terminated.”
- In addition, under Responsibilities of Contracting Parties/Responsibilities of County: “To review this Agreement every two years to ensure compliance with applicable standards, regulations, policies, procedures and protocols.”

5/06 notes:

Received email from Patti Murin (3/06) at SD EMS regarding clarification of some of the contract terms. Requested additional clarification 5/26/06.

Received email dated 5/30/06 with clarification for Borrego Springs, Del Mar, and clarifying what type of exclusivity exists for zones (9-1-1 ALS emergency ambulance). An old notation indicated that Del Mar was part of zone 69; however, according to the 5/30/06 email, this notation was incorrect: Del Mar has always been part of zone 17.

Telephone conversation 6/20/06 with Ann Marcotte regarding end dates of contracts for the following EOAs:

Julian	9/30/2011
Grossmont #2	10/31/08
CSA #17	9/30/07

Regarding the 7 EOAs that do not have termination dates for their contracted providers, Ann said that these are 201 cities. However, 201 status does not preclude the cities or fire districts from holding a competitive bid process every 10 years.

Internal notes: EMSA never reviewed purchase agreements for the Chula Vista and Grossmont Hospital District #1 zones when the providers changed ownership. Both are grandfathered zones. Does EMSA want to pursue this?

Suggested language for letter:

Regarding the zones listed below, the EMS Authority is aware that the zones were competitively bid; however, the county or the cities did not establish a termination date for the provider contract. The EMS Authority advises that the local EMS agencies rebid the zones every 10 years (or less). This time limit applies whether or not multiple providers participated in the competitive bid process or whether the zone is a "201" zone subject to the provisions of Health and Safety Code section 1797.201. To establish an exclusive zone and receive protection under state action immunity, all entities must comply with section 1797.224 of the code.

- Borrego Springs Fire Protection District
- City of Coronado
- City of San Diego
- City of San Marcos
- National City
- North County Fire Protection District
- Ramona Municipal Water District

Email received 5/26/06 from Marcy Metz:

* Regarding the zones in the city of Chula Vista and the Grossmont Hospital District (Zone 1), the form indicates that AMR is the grandfathered provider. Has AMR been the sole provider since January 1, 1981, or did the company buy out an existing company in either of these zones? Hartson's was the original provider, bought out by Laidlaw and then AMR.

If it bought another company, is it possible to send us a copy of any agreements? These agreements were/are with the City, not the County.

In addition, can we get a more detailed geographical description of both of the Grossmont zones? What area do these zones encompass specifically? See attached map.

Regarding Grossmont Hospital District, Zone 2--is exclusivity only for ALS emergency ambulance? Yes

Which fire districts provide BLS service in this zone, and are they first responders only or do they transport? Rural Fire Protection District provides first response.

Regarding CSA #17, is the exclusivity only for ALS emergency ambulance, or is it for all emergency ambulance? ALS

If San Diego Medical Services Enterprise only provides ALS emergency ambulance, who is the BLS provider? Is the BLS provider a first responder only, or does it transport? The City of San Diego uses a voluntary ring down system of private ambulance providers.

In addition, can you provide the starting and ending dates of the contract terms for this zone? Table below.

Regarding the Barona and Sycuan Indian reservations, what is the relationship with the EMS agency? Can we assume that they are independent but the agreement is basically to integrate them into the EMS system? Yes

* Can you please provide the beginning and ending dates of the contract terms for the providers for these zones? I have listed the dates indicated on the forms as either the date the contract was signed or approved. The following represents the contracts between the County and the jurisdictions. See table below for information on subcontracts.

- o National City, 1983 - indefinite
- o City of San Diego, 5/21/1991; 7/1/1997 - indefinite
- o City of San Marcos, ~~13/1/87~~ 12/1/1989; 9/15/1998 - indefinite
- o North County Fire Protection District, 7/3/90; 7/1/1991-mutual termination
- o Ramona Municipal Water District 10/11/88; 10/15/1990-mutual termination
- o Borrego Springs Fire Protection District, 7/01/00.-indefinite
- o Julian-Cuyamaca FPD, 11/10/2000
- o Valley Center FPD, 7/1/01-7/1/2007
- o City of Coronado, 7/1/01-terminated

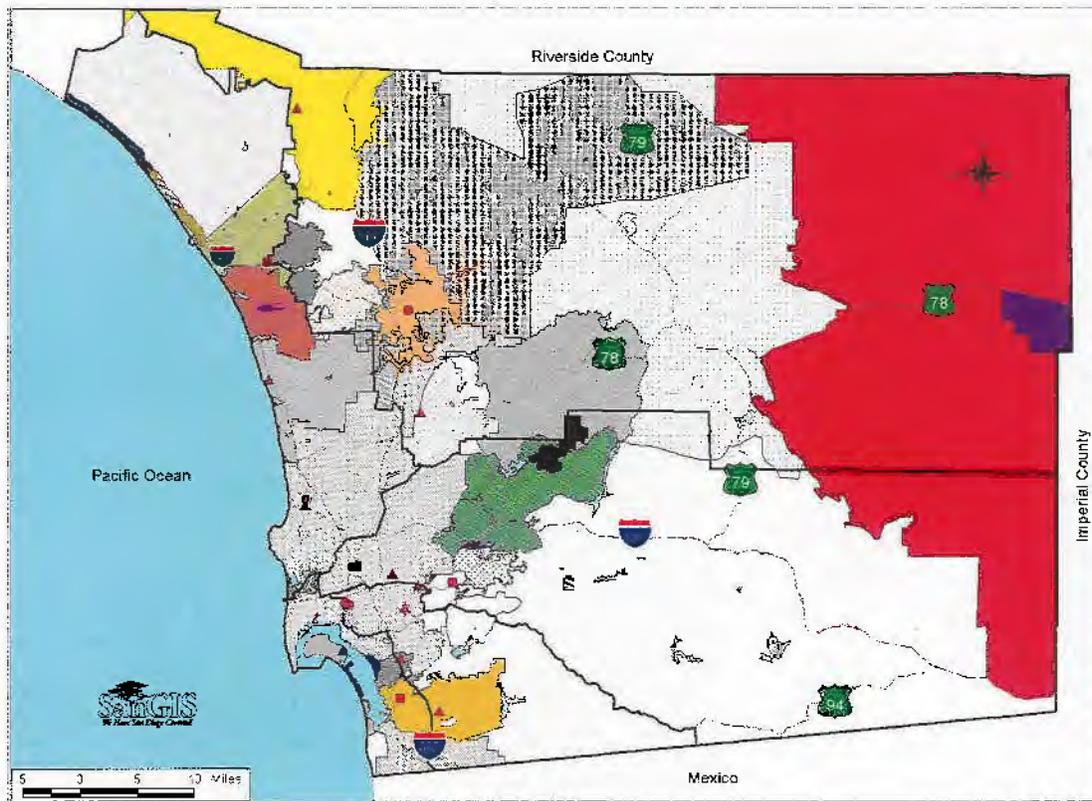
* In addition, is it possible to obtain a more detailed geographic description of the following zones:

- * City of Escondido
- * National City
- * City of San Diego
- * Grossmont Hospital District
- * North County FPD
- * Ramona Municipal Water District
- * Borrego Springs FPD
- * Julian-Cuyamaca FPD
- * Valley Center FPD See attached map.

Subcontract Holders

Agency Name	Name of subcontractor	Initial Date	End Date	Status of extensions
	San Marcos Fire from			
City of San Marcos	AMR	10/1/2001	9/1/2009	2-two year extensions-first one exercised
Ramona Water Dist	CDF	7/1/2005	6/30/2006	yearly contract with CDF for fire and EMS
Deer Springs FPD	CDF	7/1/2002	6/30/2006	yearly contract with CDF for fire and EMS
	Mercy Medical			
Valley Center FPD	Transport	7/1/2003	6/30/2007	no extensions
City of San Diego	SDMSE	7/1/1997	6/30/2008	final extension exercised
City of National City	AMR		5/31/2006	RFP in process
Julian-Cuyamaca FPD	Julian Fire Dept	10/1/2003	9/30/2011	No Interested Bidders
			Until	
			Terminate	
North County FPD	North County Fire Dept	7/1/1991		d No Interested Bidders
	Borrego Springs Fire			
Borrego Springs FPD	Dept	7/1/2000	Indefinite	No Interested Bidders
			Until	
			Terminate	
City of Coronado	Coronado Fire Dept	10/1/2001		d No Interested Bidders

San Diego County By Trauma Catchment Areas With Ambulance Service Areas and Hospital Facilities



Ambulance Service Areas

- Desert Region* (Escondido Fire Department)
- Desert Region* (West Shore Ambulance)
- Ramona Municipal Water District* (CDF & Fire Protection)
- North County Fire Protection District*
- Julian-Cuyamaca Fire Protection District*
- North County Rural Area (Sycuan)
- City of Escondido*
- City of Poway*
- City of San Marcos* (AMR, San Marcos)
- US Navy Ambulance (Camp Pendleton)
- City of Oceanside*
- City of Carlsbad*
- City of Vista*
- US Center (Las Pulgas South-AMR, Balboa, CARE, Americare)
- US Center (Las Pulgas North-Orange County Fire)
- CSA #71 (SCMSE)
- CSA 88* (Lakeside, Santee)
- City of E. Cajon*
- Sycuan Indian Reservation*
- Barona Indian Reservation*
- Grossmont Hospital District (AMR)
- City of Chula Vista* (AMR)
- City of Coronado*
- City of National City* (AMR)
- City of San Diego*
- US Navy* (Federal Fire Department)
- Mercy Air (Base)

Hospital Facilities

- Emergency Department**
- Alvarado Hospital and Medical Center
- Kaiser Hospital
- University Community Medical Center
- Sharp Coronado Hospital
- Sharp Chula Vista Medical Center
- Scripps Memorial Hospital - Encinitas
- Fellbrook Hospital
- Paradise Valley Hospital
- Pomerado Hospital
- UCSD - Thornton Hospital
- Trauma Center/Base Hospital Emergency Department**
- Scripps Mercy Hospital
- Sharp Memorial Hospital
- UCSD Medical Center
- Palomar Medical Center
- Scripps Memorial Hospital La Jolla
- Base Hospital Emergency Department**
- Scripps Memorial Hospital - Chula Vista
- Sharp Grossmont Hospital
- Tri-City Medical Center
- Trauma Center Emergency Department**
- Children's Hospital and Health Center

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Source: County of San Diego Health and Human Services Agency, Division of Emergency Medical Services, February 2004

B. AB 3153 Compliance

AB 3153 Compliance
(Implementation of Section 1797.224, Health and Safety Code)

Exclusive operation permits are granted in accordance with the EMSA System Guidelines, Appendix 3.

**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Barona Indian Reservation</p>
<p>Name of Current Provider(s):</p> <p>Barona Fire Department</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Barona Indian Reservation and surrounding communities</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Although a sovereign nation, the Barona Band of Mission Indians voluntarily incorporated its ALS service into the San Diego County EMS system through agreement with the County on May 18, 1999.</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Sovereign nation</p>

**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Carlsbad</p>
<p>Name of Current Provider(s):</p> <p>City of Carlsbad Fire Department</p>
<p>Area or sub area (Zone) Geographic Description:</p> <p>Carlsbad city limits</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of Carlsbad. Approved and authorized by the Board of Supervisors on 8/30/77 (18).</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 8/30/77.</p>

**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Chula Vista</p>
<p>Name of Current Provider(s):</p> <p>American Medical Response</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>The jurisdictional limits of the Bonita-Sunnyside Fire Protection District and the Cities of Chula Vista and Imperial Beach</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of Chula Vista. Approved and authorized by the Board of Supervisors on 3/8/77 (42).</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 3/8/77.</p>

**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of El Cajon</p>
<p>Name of Current Provider(s):</p> <p>City of El Cajon Fire Department</p>
<p>Area or sub area (Zone) Geographic Description:</p> <p>El Cajon city limits</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of El Cajon. Approved and authorized by the Board of Supervisors on 3/11/80 (37).</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 3/11/80.</p>

**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Escondido</p>
<p>Name of Current Provider(s):</p> <p>City of Escondido Fire Department</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Escondido city limits and within adjoining areas as specified by agreements mutually acceptable to both parties and approved by the County of San Diego LEMSA.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of Escondido. Approved and authorized by the Board of Supervisors on 8/30/77 (18).</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 8/30/77. On 12/7/83, the zone area was modified to include certain adjoining areas as specified by agreements mutually acceptable to both parties and approved by the County of San Diego LEMSA.</p>

**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: City of National City
Name of Current Provider(s): American Medical Response
Area or sub area (Zone) Geographic Description: National City limits and adjoining areas as specified by agreements with adjoining paramedic services.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the City of National City. Approved and authorized by the Board of Supervisors on 10/4/83 (11).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): Provider is competitively determined

**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Oceanside</p>
<p>Name of Current Provider(s):</p> <p>City of Oceanside Fire Department</p>
<p>Area or sub area (Zone) Geographic Description:</p> <p>Oceanside city limits</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of Oceanside. Approved and authorized by the Board of Supervisors on 3/29/77 (73).</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 3/29/77.</p>

**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: City of Poway
Name of Current Provider(s): City of Poway Fire Department
Area or subarea (Zone) Geographic Description: Poway city limits
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the City of Poway. Approved and authorized by the Board of Supervisors on 12/4/76 (24).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 12/4/76.

**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of San Diego</p>
<p>Name of Current Provider(s):</p> <p>San Diego Medical Services Enterprise (partnership with San Diego Fire/Rural Metro)</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Within the boundaries of the city of San Diego with the exception of those city areas which are encompassed in a County Service Area</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of San Diego. Approved and authorized by the Board of Supervisors on 5/21/91 (55).</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Provider is competitively determined</p>

**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of San Marcos</p>
<p>Current Provider(s):</p> <p>American Medical Response</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>San Marcos city limits and the San Marcos Fire Protection District</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of San Marcos. Approved and authorized by the Board of Supervisors on 12/1/87 (42).</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Provider is competitively determined</p>

**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Vista</p>
<p>Name of Current Provider(s):</p> <p>City of Vista Fire Department</p>
<p>Area or sub area (Zone) Geographic Description:</p> <p>Vista city limits and the Vista Fire Protection District</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of Vista. Approved and authorized by the Board of Supervisors on 8/30/77 (18).</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 8/30/77.</p>

**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: County Service Area Number 17
Name of Current Provider(s): American Medical Response (07/01/91 – 08/31/01) San Diego Medical Services Enterprise (09/01/01 - present)
Area or sub area (Zone) Geographic Description: The cities of Encinitas, Solana Beach, Del Mar and Rancho Santa Fe, and the communities of Del Mar Heights, Del Mar Terrace, and Elfin Forest
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the members of CSA 17. BLS agreement with the Fire Departments since 8/15/69 (13). ALS agreement with private contractor since 7/25/75.
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): Combination of ALS 911 calls with BLS ambulance back-up when ALS units are unavailable
Method to achieve Exclusivity, if applicable (HS 1797.224): Provider is competitively determined

**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>County Service Area Number 69</p>
<p>Name of Current Provider(s):</p> <p>Santee Fire Department and Lakeside Fire Department</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Area comprising the Fire Protection Districts of Lakeside and Bostonia, and the City of Santee</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the members of CSA 69. Approved and authorized by the Board of Supervisors on 12/18/74 (19).</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 12/18/74.</p>

**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Grossmont Hospital District, Zone 1- Suburban</p>
<p>Name of Current Provider(s):</p> <p>American Medical Response</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>The boundaries of the Grossmont Hospital District</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the Grossmont Hospital District. Approved and authorized by the Board of Supervisors on 5/15/79 (27).</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Grandfathered. Area has a history of uninterrupted service with no changes to manner and scope since 5/15/79.</p>

**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Grossmont Hospital District, Zone 2 – Rural</p>
<p>Name of Current Provider(s):</p> <p>American Medical Response provides EMT-P's and the Fire Protection Districts provide EMT-I's.</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Unincorporated east and south County areas.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the Grossmont Hospital District. Approved and authorized by the Board of Supervisors on 5/15/79 (27).</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Provider is competitively determined. Although the Hospital District has had the exclusive zone since 1979, this portion of the District did not have ALS services until July 1994 and therefore was established through a competitive process.</p>

**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: North County Fire Protection District
Name of Current Provider(s): North County Fire Protection District
Area or subarea (Zone) Geographic Description: The areas within the geographical limits of the North County Fire Protection District
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the North County Fire Protection District. Approved and authorized by the Board of Supervisors on 7/3/90 (24).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): Provider is competitively determined

**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: Ramona Municipal Water District
Name of Current Provider(s): California Department of Forestry
Area or subarea (Zone) Geographic Description: Within the boundaries of the Ramona Municipal Water District and nearby areas approved by the Ramona Municipal Water District Board of Directors
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the Ramona Municipal Water District. Approved and authorized by the Board of Supervisors on 10/11/88 (7).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): Provider is competitively determined

**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Sycuan Indian Reservation</p>
<p>Name of Current Provider(s):</p> <p>Sycuan Fire Department</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Sycuan Indian Reservation. Provides mutual aid to surrounding communities on request.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Although a sovereign nation, the Sycuan Tribal Council voluntarily incorporated its ALS service into the San Diego County EMS system through agreement with the County on August 1, 1997.</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Sovereign nation</p>

**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or sub area (Zone) Name or Title: Borrego Springs service area
Name of Current Provider(s): Borrego Springs Fire Protection District
Area or sub area (Zone) Geographic Description: The area within the geographical limits of the Borrego Springs Fire Protection District
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the Borrego Springs Fire Protection District. Approved and authorized by the Board of Supervisors on 7/01/00.
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): Provider is competitively determined.

**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or sub area (Zone) Name or Title:</p> <p>Julian-Cuyamaca Fire Protection District</p>
<p>Name of Current Provider(s):</p> <p>Julian-Cuyamaca Fire Protection District</p>
<p>Area or sub area (Zone) Geographic Description:</p> <p>The areas within the geographical limits of the Julian-Cuyamaca Fire Protection District.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the Julian-Cuyamaca Fire Protection District. Approved and authorized by the Board of Supervisors on 11/10/2000.</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Provider is competitively determined.</p>

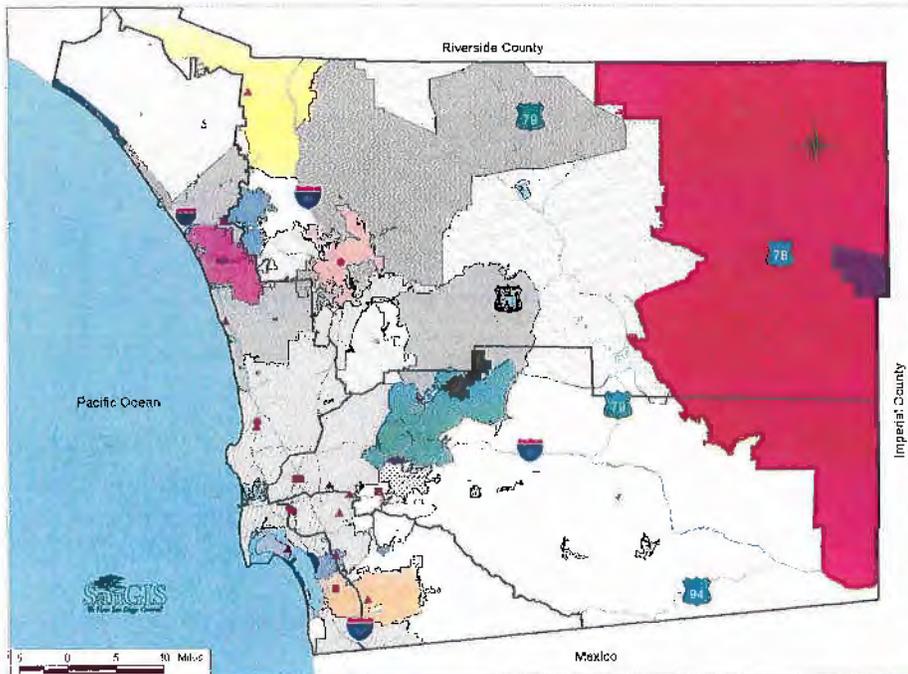
**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or sub area (Zone) Name or Title: Valley Center service area
Name of Current Provider(s): Valley Center Fire Protection District
Area or sub area (Zone) Geographic Description: The area within the geographical limits of the Valley Center Fire Protection District.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the Valley Center Fire Protection District. Approved and authorized by the Board of Supervisors on 7/01/2001.
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): Provider is competitively determined.

**EXCLUSIVE OPERATING AREAS
EMS PLAN – ZONE SUMMARY**

Local EMS Agency or County Name: San Diego County
Area or sub area (Zone) Name or Title: City of Coronado
Name of Current Provider(s): Coronado Fire Department
Area or sub area (Zone) Geographic Description: City of Coronado city limits
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the City of Coronado Fire Department. Approved and authorized by the Board of Supervisors on 7/01/2001.
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): Provider is competitively determined.

San Diego County By Trauma Catchment Areas With Ambulance Service Areas and Hospital Facilities



Ambulance Service Areas

- Oyster Point* (Orange Springs Fire Department)
- Coast Region* (West Shore Ambulance)
- Ranana Municipal Water District* (CDF & Fire Protection)
- North County Fire Protection District*
- Julian-Cuyamaca Fire Protection District*
- North County Rural Area (Secular)
- City of Escondido*
- City of Poway*
- City of San Marcos* (MFP, San Marcos)
- US Navy Ambulance (Camp Pendleton)
- City of Oceanside*
- City of Carlsbad*
- City of Vista*
- I-5 Corridor (Las Pulgas South-AMR, Bileco, CARE, Americana)
- I-5 Corridor (Las Pulgas North-Orange County Fire)
- CSA 17* (SDMHC)
- CSA 69* (Lakeview, SanDiego)
- City of El Cajon*
- Sycuan Indian Reservation*
- Geronimo Indian Reservation*
- Organizational Hospital* District* (AMR)
- City of Chula Vista* (AMR)
- City of Coronado*
- City of National City* (AMR)
- City of San Diego*
- US Navy* (Federal Fire Department)
- Mercy A** (Basis)

Hospital Facilities

- Emergency Department
 - Alvarado Hospital and Medical Center
 - Kaiser Hospital
 - University Community Medical Center
 - Sharp Coronado Hospital
 - Sharp Chula Vista Medical Center
 - Scripps Memorial Hospital - Encinitas
 - Fallbrook Hospital
 - Paradise Valley Hospital
 - Pomeroado Hospital
 - UCSD - Thornton Hospital
- Trauma Center/Basis Hospital Emergency Department
 - Scripps Mercy Hospital
 - Sharp Memorial Hospital
 - UCSD Medical Center
 - Palomar Medical Center
 - Scripps Memorial Hospital La Jolla
- Base Hospital Emergency Department
 - Scripps Memorial Hospital - Chula Vista
 - Sharp Grossmont Hospital
 - Tri-City Medical Center
- Trauma Center Emergency Department
 - Children's Hospital and Health Center

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Source: County of San Diego's Health and Human Services Agency, Division of Emergency Medical Services, February 2004

Approval letter and comments

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
SACRAMENTO, CA 95814-7043
(916) 322-4336 FAX (916) 324-2875



August 7, 2006

Carmel Angelo, Interim Director
San Diego County EMS Agency
6255 Mission Gorge Road
San Diego, CA 92120

Dear Ms. Angelo:

We have completed our review of *San Diego County's 2005 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*, with the exception of the exclusive operating areas identified below, for which the Authority is requesting more information:

- Borrego Springs Fire Protection District
- City of Coronado
- City of San Diego
- City of San Marcos
- National City
- North County Fire Protection District
- Ramona Municipal Water District

According to the information provided to the Authority, exclusivity of these zones is "granted by contractual agreement." To establish an exclusive zone and receive protection under state action immunity, as described in Health and Safety Code section 1797.6, all entities must comply with section 1797.224 of the code. According to this section, exclusivity can only be granted in one of two ways: (1) a competitive bid process has been conducted; or (2) the zone is eligible for grandfathering. In the zones listed above, it is unclear by which process the San Diego EMS Agency has established exclusivity. If the agency has determined the zones to be exclusive through the competitive bid process, please provide to the EMS Authority the contract termination dates for the providers.

If these zones listed above are in compliance with section 1797.201 of the Health and Safety Code, it is necessary for San Diego EMS Agency to identify which zones are affected; however, the requirement for competitive bid processes to be conducted at periodic intervals remains intact whether or not the local entities claim "201 rights."

Carmel Angelo
August 7, 2006
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In addition, Health and Safety Code section 1797.224 also requires that a competitive process be held at periodic intervals. It appears that, for several of the zones listed above, the contracts have been in effect for longer than 10 years. The EMS Authority advises that the county conduct a competitive bid process at intervals of no more than 10 years and expects that this limit will be incorporated into the county's next competitive bid process. Failure to adhere to this time frame may jeopardize the county's protections under state action immunity, as described in Health and Safety Code section 1797.6.

Please provide the requested information within 30 days. Your annual update, utilizing the attached guidelines, will be due one year from your approval date. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,



Cesar A. Aristeiguieta, M.D.
Director

CAA:ss

Enclosure